

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Bureau of Quality Assurance and Improvement



QUALITY SERVICE REVIEW
Final Report for
Greater Nashua Mental Health

Issued April 27, 2020

Acknowledgements

The Department of Health and Human Services, Bureau of Quality Assurance and Improvement (BQAI) acknowledges the significant effort the Greater Nashua Mental Health staff made to have its Community Mental Health Center (CMHC) Quality Service Review (QSR) be a success. BQAI also thanks the CMHC QSR review team, which included staff from BQAI and staff from the Division of Behavioral Health.

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Acronyms

ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
BQAI	Bureau of Quality Assurance and Improvement
CII	Client Interview Instrument
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
CRR	Clinical Record Review
DHHS	Department of Health and Human Services
DRF	Designated Receiving Facility
DBH	Division for Behavioral Health
GNMH	Greater Nashua Mental Health
IPA	Inpatient Psychiatric Admission
ISP	Individualized Service Plan
NHH	New Hampshire Hospital
OCR	Overall Client Review
QIP	Quality Improvement Plan
QSR	Quality Service Review
SE	Supported Employment
SII	Staff Interview Instrument
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness

Executive Summary

The NH Department of Health and Human Services (DHHS), Bureau of Quality Assurance and Improvement (BQAI) developed a Quality Service Review (QSR) process, in consultation with Representatives of the Plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following substantive provisions of the Community Mental Health Agreement (CMHA): crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions from inpatient psychiatric facilities, and to evaluate the CMHC's achievement of the intended outcomes of the CMHA. The state is required to conduct a QSR at least annually.

To evaluate the quality of the services and supports provided by CMHCs, as outlined in the CMHA, BQAI developed a structured assessment using qualitative and quantitative data from individual interviews, staff interviews, clinical record reviews, and DHHS databases to measure the CMHC's achievement of 18 quality indicators and 67 performance measures that represent best practices regarding the substantive provisions of the CMHA.

DHHS conducted Greater Nashua Mental Health's (GNMH) QSR in Nashua from February 10 through February 14, 2020. The first two days consisted of record reviews conducted remotely in Concord and the final three days consisted of client and staff interviews in the Nashua office. The GNMH QSR sample included 21 randomly selected individuals eligible for services based on severe mental illness (SMI) or severe and persistent mental illness (SPMI) criteria, who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning. Assessment data was collected for each individual for the period of February 1, 2019 through February 9, 2020. The data was collected for each individual using the QSR instruments and scored using the QSR scoring protocol.

GNMH received a score of 80% or greater for 15 of the 18 quality indicators. The following three quality indicators were identified as areas in need of improvement:

Quality Indicator 8: Adequacy of employment assessment/screening

Quality Indicator 9: Appropriateness of employment treatment planning

Quality Indicator 12: Individual is integrated into his/her community, has choice, increased independence, and adequate social supports

GNMH is required to submit a Quality Improvement Plan to DHHS for each of the three quality indicators identified as needing improvement.

Table 1: Greater Nashua Mental Health QSR Summary Results

Quality Indicator	Number of Individuals Scored	Quality Indicator Score	Quality Improvement Plan Required	Total Number of Measures
1. Adequacy of assessment	21	85%	No	4
2. Appropriateness of treatment planning	21	89%	No	3
3. Adequacy of individual service delivery	21	90%	No	6
4. Adequacy of housing assessment	21	95%	No	1
5. Appropriateness of housing treatment planning	21	86%	No	1
6. Adequacy of individual housing service delivery	21	90%	No	3
7. Effectiveness of the housing supports provided	21	90%	No	5
8. Adequacy of employment assessment/screening	21	64%	Yes	2
9. Appropriateness of employment treatment planning	14*	64%	Yes	1
10. Adequacy of individualized employment service delivery	15*	90%	No	2
11. Adequacy of assessment of social and community integration needs	21	100%	No	2
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	21	77%	Yes	13
13. Adequacy of crisis assessment	4*	100%	No	4
14. Appropriateness of crisis plans	21	93%	No	2
15. Comprehensive and effective crisis service delivery	2*	88%	No	5
16. Adequacy of ACT screening	21	95%	No	2
17. Implementation of ACT Services	8*	88%	No	4
18. Successful transition/discharge from inpatient psychiatric facility	4*	82%	No	7

* Individuals not applicable to the quality indicator were excluded from scoring.

I. Background

In 2014, the State of New Hampshire, the United States Department of Justice, and a coalition of private plaintiff organizations entered into a Settlement Agreement (here after referred to as the Community Mental Health Agreement, [CMHA]) in the case of Amanda D. et al. v. Margaret W. Hassan, Governor, et. al.; United States v. New Hampshire, No. 1:12-cv-53-SM. The CMHA is intended to significantly impact and enhance the State's mental health service capacity in community settings. The intent of the CMHA is to ensure that: 1) to the extent the State offers services, programs, and activities to qualified individuals with disabilities, such services, programs, and activities will be provided in the most integrated setting appropriate to meet their needs; 2) equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities is assured; 3) existing community-based services described in the Agreement are offered in accordance with the individualized transition process as set forth in the Agreement; 4) individuals served are provided with the State's services and supports they need to ensure their health, safety, and welfare; and 5) all mental health and other services and supports funded by the State are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

The CMHA Section VII requires the State to develop and implement a quality assurance and performance improvement system, emphasizing the use of individual-level outcome tools and measures, to ensure that existing community-based services described in the Agreement are offered in accordance with the provisions and outcomes set forth above. As part of that system, the State is required to conduct annual Quality Service Reviews (QSRs). Through the QSR process, the State collects and analyzes data to: identify strengths and areas for improvement at the individual, provider, and system-wide levels; identify gaps, weaknesses, and areas of highest demand; provide information for comprehensive planning, administration, and resource-targeting; and consider whether additional community-based services and supports are necessary to ensure individuals have opportunities to receive services in the most integrated settings. The QSR process framework is based on a continuous quality improvement model of assessment, measurement, analysis, improvement, and sustainment in partnership with the State's Community Mental Health Centers (CMHCs).

II. Purpose

The NH Department of Health and Human Services (DHHS), Bureau of Quality Assurance and Improvement (BQAI) developed a QSR process in consultation with Representatives of the Plaintiffs and the Expert Reviewer to evaluate the quality of the services and supports provided by the CMHCs within the following substantive provisions set forth in the CMHA: crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions/discharges from inpatient psychiatric facilities. Specifically, the CMHC QSR evaluates: 1) the adequacy of assessments, such that individual's needs and strengths are properly identified; 2) the appropriateness of treatment planning, including interventions that are appropriately customized to achieve the individual's goals; 3) the adequacy of individual service delivery such that the intensity, frequency, and duration of service provision, and its sufficiency, meet the individual's changing needs; and 4) the effectiveness of services provided.

The QSR also evaluates the CMHCs' achievement of the intended CMHA outcomes: 1) provide services, programs, and activities in the most integrated setting appropriate to meet an individual's needs; 2) assure equality of opportunity, full participation, independent living, and economic self-sufficiency of individuals; 3) ensure individuals are provided with services/supports they need to ensure their health, safety, and welfare; and 4) ensure that services provided to individuals are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

Achievement of the CMHA provisions and outcomes by the CMHC is determined based on an assessment of the data gathered by the QSR process, including narrative provided by individuals and staff, and relevant findings from ACT fidelity reviews, SE fidelity reviews, CMHA quarterly data reports, BMHS contract monitoring info, and DHHS databases. The QSR data serves as a basis for the identification of areas in need of improvement and the formulation of a Quality Improvement Plan (QIP) by the CMHC toward incremental and continuous improvement over time.

III. QSR Process Overview

The CMHC QSR process includes a number of tasks performed by DHHS and CMHC staff within a proscribed timeframe involving communication, logistics, IT, data entry, data analytics, scheduling, transportation, training, orientation, interviewing, and scoring. Pre-requisite tasks and forms are completed by both parties prior to the on-site portion of the QSR. The clinical record review occurs remotely at DHHS offices when access to the CMHC's electronic health record is available; otherwise, it occurs at the site of the CMHC. Interviews with individuals and CMHC staff occur on site, unless otherwise determined by the CMHC and BQAI. During the on-site period, daily contact occurs with QSR reviewers to ensure consistent practice and inter-rater reliability, and assistance is sought from the CMHC staff if needed. During the post on-site period, follow-up tasks required of the CMHC are completed and BQAI commences scoring. The QSR data is analyzed and the CMHC's QSR Report is written and provided to the CMHC identifying any areas in need of improvement. If needed, the CMHC submits a QIP to DHHS for approval. Progress reports submitted to DHHS by the CMHC are monitored and technical assistance is provided to the CMHC if needed. The next QSR cycle serves to validate progress made toward achievement of the improvement target(s).

IV. QSR Methodology

To ensure a robust and comprehensive understanding of the CMHC's services and supports regarding the substantive provisions included in the CMHA, and corresponding impact on the related outcomes of the individuals served, the QSR employs a mixed-method design that incorporates both quantitative and qualitative measurement, including secondary administrative data, clinical record data, and interview data. Data used for the assessment is collected for each individual during the most recent 12-month period using four standardized instruments: the Clinical Record Review (CRR), the Client Interview Instrument (CII), the Staff Interview Instrument (SII), and the Overall Client Review (OCR). See Appendix 1: List of CMHC QSR Instruments for a description of the instruments. The instruments are structured to enable the evaluation of both the adequacy and the effectiveness of CMHC service provision related to: Assessment, Treatment Planning, and Service Delivery; Housing Services and Supports; Employment Services and Supports; Community Integration, Choice and Social Supports; Crisis Services and Supports; ACT Services and Supports; and Inpatient Psychiatric Admission

Transition/Discharge, as defined by 18 quality indicators and 67 performance measures. Each quality indicator includes one or more performance measures. The method used to score the quality indicators and performance measures is described in the Scoring section.

Sample Size and Composition

The CMHC QSR sample is randomly selected and consists of at least 20 individuals eligible for services based on the category of Severe Mental Illness (SMI) or severe and persistent mental illness (SPMI) who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning from an inpatient psychiatric admission (IPA). Prior to the site review, each individual is assigned to one of four sample categories: 1) *ACT/IPA*: individuals receiving ACT and have had at least one IPA which includes voluntary, involuntary, and conditional discharge revocation admissions; 2) *ACT/No IPA*: individuals receiving ACT but who have not experienced an IPA within the past 12 months; 3) *No ACT/IPA*: individuals who are not receiving ACT but have experienced an IPA in the past 12 months; and 4) *No ACT/No IPA*: individuals who are not receiving ACT and have not experienced an IPA within the past 12 months. Sample lists may then be reviewed to determine if there are individuals who had admissions at inpatient behavioral health units other than New Hampshire Hospital and the Designated Receiving Facilities, and those individuals are moved to the ACT/IPA and NO ACT/IPA lists as appropriate. Additionally, information gathered during the interview scheduling and site review may result in an individual being re-assigned to a different sample category, resulting in a change in the final number of individuals for each category.

Evidence during the first year of administering the QSR demonstrated that the final sample category re-assignment tended toward re-assignment into the fourth *No ACT/No IPA* sample category identified above. This resulted in an over-representation of the *No ACT/No IPA* sample category at the completion of the QSR. As a result, the CMHC is now provided only with individuals assigned to the first three sample categories, *ACT/IPA*, *ACT/No IPA*, and *No ACT/IPA* to ensure a more balanced representation in all four categories once the final re-assignment of the categories is made at the completion of the QSR.

Data Sources

The CMHC QSR uses quantitative and qualitative data to evaluate the quality of services and supports provided to individuals. Data collected specifically for the purpose of this evaluation is collected through in-depth interviews with individuals and staff, reviews of clinical records and other CMHC records, and queries from the DHHS Phoenix and Avatar databases. If a reviewer is unable to locate adequate evidence in the CMHC's clinical record, the reviewer documents that instance as "no evidence." CMHC staff are given the opportunity to locate documentation within its clinical record system. The QSR reviewers determine whether the evidence located by the CMHC staff is adequate and would result in a response other than "no evidence."

Scoring

The CMHC QSR scoring framework includes 18 quality indicators within seven domains that define achievement of the outcomes and substantive provisions set forth by the CMHA. The domains include Assessment/Treatment Planning/Service Delivery, Housing Services and Supports, Employment Services and Supports, Community Integration/Choice/Social Supports, Crisis Services and Supports, ACT Services and Supports, and Inpatient Psychiatric Admission Transition/Discharge. Domain percentages are determined by averaging the number of measures under each domain that received a "YES." The measures within each domain are scored with equal weight. Each quality indicator is defined by at least one performance measure. Each performance measure defines a critical aspect of the quality indicator and when evaluated in total provides an assessment of the achievement of that indicator. For example, for an assessment to be considered adequate (Quality Indicator 1) the assessment must identify the individual's needs and preferences (performance measure 1a), identify an individual's strengths (performance measure 1b), and include face-to-face contact with the individual during the information gathering process (performance measure 1c).

Performance measures are scored as "YES" (positive) or "NO" (negative) based on the data collected from the four QSR instruments. Quality indicators are scored at the individual level and the CMHC level. A quality indicator is scored at the individual level based on the percent of performance measures associated with that quality indicator that were scored as "YES." The CMHC level score is based on the average of the total individual level scores for that quality indicator.

For example, Quality Indicator 1 consists of Measures 1a, 1b, 1c, and 1d. If an individual received a score of “YES” for three of the four performance measures, the score for Quality Indicator 1 at the individual level would be 75%. If the total of all six individual level scores for Quality Indicator 1 is 475, the CMHC level score for Quality Indicator 1 would be 79% (see Appendix 2: Quality Indicator 1 Scoring Example).

The data points used for scoring the performance measures are based on the information found in the clinical record review, the answers provided by the individual and the staff member during the interview process, and the assessment information provided by the QSR Reviewers in the Overall Client Review (see Appendix 3: QSR Abbreviated Master Instrument). In some cases, the individual’s response is given more weight in scoring than the staff response or the information in the record review; in other cases, the staff response may be given more weight. Certain questions within the clinical record review require the QSR Review Team to use guided judgement, in addition to information found in the clinical record or the narrative response provided by the individual or staff, to determine the answer that will be used in scoring.

The scoring of the quality indicators excludes data from individuals who received a relevant service or support outside the period of review (12-month period), as well as if the relevant service or support did not pertain to the individual; therefore, the number of individuals scored for any given measure may vary. For example, individuals who were not interested in receiving employment services or supports during the review period will not have a score for Quality Indicator 10: Adequacy of individual employment service delivery. Individuals who are not currently receiving ACT services will not have a score for Quality Indicator 17: Implementation of ACT Services.

A number of quality indicators also include measures derived from the OCR. The answers to the OCR questions represent performance measures used in the scoring of seven applicable quality indicators, e.g., OCR Q1 “Is the frequency and intensity of services consistent with the individual’s demonstrated need?” is a measure within Quality Indicator 3: Adequacy of Individual Service Delivery (see Appendix 3: QSR Abbreviated Master), and is incorporated into the scoring protocol for the relevant quality indicator(s).

In addition, a score is given to each QSR domain to provide additional information in the assessment of the CMHC’s compliance with the CMHA substantive provisions (see CMHA

Substantive Provisions section). Each domain consists of specified measures. The domain score is calculated as an overall average of individual-level percentages, i.e., for each applicable individual, the percentage of “YES” measures (those that are positive) within a domain is calculated, then all the individual-level percentages are averaged to determine the final domain score. The seven domains are:

- Assessments, Treatment Planning and Service Delivery: Quality Indicators 1, 2, and 3;
- Housing Services and Supports: Quality Indicators 4, 5, 6, and 7;
- Employment Services and Supports: Quality Indicators 8, 9, and 10;
- Community Integration, Choice, and Social Supports: Quality Indicators 11 and 12;
- Crisis Services and Supports: Quality Indicators 13, 14, and 15;
- ACT Services: Quality Indicators 16, and 17; and
- Transition/Discharge from an Inpatient Psychiatric Admission: Quality Indicator 18.

QSR Findings and Conclusions

The QSR findings are based on the data collected by the QSR instruments and include an overview of the number of individuals in the QSR sample by category, the distribution of interview and record review activities, and a quantitative assessment (scoring) of the CMHC relative to the quality indicators and performance measures. Qualitative data provided by the individuals and staff during the interview and/or identified in the record review is used to provide additional insight into the data and may inform particularly low scoring measures within a quality indicator or outlier data. Conclusions include an assessment of the CMHC’s achievement of the outcomes and substantive provisions identified in the CMHA based on a summation of QSR data, ACT Fidelity Reviews, SE Fidelity Reviews, and additional data from DHHS databases and BMHS contract monitoring, where applicable.

Quality Improvement Plan and Monitoring

An initial QSR report is provided to the CMHC. The CMHC has 15 calendar days to submit factual corrections and any significant information relevant to the QSR report for BQAI to consider prior to issuing the final report. The final report is distributed to the CMHC, Representatives of the Plaintiffs, and the Expert Reviewer, and is posted to the DHHS website. The CMHC is required to submit a QIP to DHHS for any quality indicator identified as an area in need of improvement. That threshold is any quality indicator scoring less than 70% for SFY18, less than 75% for SFY19, and less than 80% for SFY20. The CMHC has 30 calendar

days to submit a QIP to DHHS for review by the BMHS Director and the BQAI Administrator. The CMHC is required to use the standardized QIP template provided by DHHS. The BMHS Director informs the CMHC whether the plan was approved or needs revision. Once approved, any changes made to the plan must be approved by the BMHS Director or designee. DHHS monitors the achievement of the CMHC's QIP through standardized progress reports submitted by the CMHC to BMHS and BQAI each quarter. BMHS and BQAI will provide feedback and any needed technical assistance to the CMHC during the improvement period. CMHCs are expected to make incremental improvement each year toward an improvement target of 80% or greater.

V. Greater Nashua Mental Health QSR Findings

Greater Nashua Mental Health QSR Overview

The GNMH QSR was conducted at the GNMH office in Nashua. Additional information about GNMH is found in Appendix 4: Agency Overview. Two hundred and five GNMH individuals met the QSR sample criteria. Twenty-four eligible individuals were drawn at random from the *ACT/IPA*, *ACT/No IPA*, and *No ACT/IPA* categories as well as the *NO ACT/NO IPA* category due to GNMHC not having enough individuals who agreed to be interviewed from the three other categories. However, only 22 individual interviews were completed. One client arrived on time, but was not brought to the reviewers at the time scheduled, became frustrated and left, and another individual encountered childcare issues that caused him/her to be unable to participate. Also, while 22 individuals were interviewed, only 21 cases were included in the final scoring, as one individual struggled with the interview and refused to answer many questions resulting in a lack of necessary data. Information gathered during the scheduling and site review resulted in some individuals being re-assigned to a different (the accurate) sample category, which changed the final number of individuals in each category. Table 2 shows the distribution of individuals by the sample categories as originally provided and the final adjusted groupings after interviews were completed.

Table 2: Number of Individuals by Category

CATEGORY	FULL SAMPLE		INDIVIDUALS SCORED	
	Number	Percent	Number	Percent
ACT/IPA	26	13%	3	14%
ACT/NO IPA	77	38%	5	24%
NO ACT/IPA	3	1%	1	5%
NO ACT/NO IPA	99	48%	12	57%
Total	205	100%	21	100%

The GNMH Quality Service Review included a review of 24 clinical records, 22 individual interviews and 24 staff interviews. Table 3 shows the distribution of interview and record review activities.

Table 3: Review Activities

	Number In Person	Number By Phone	Total
Individuals Interviewed	20	2	22
Staff Interviewed	22	2	24
Clinical Records Reviewed	24	NA	24

From February 10, 2020 to February 14, 2020, five teams consisting of staff from BQAI and DBH completed the DHHS office-based and on-site data collection processes. Data was collected for the review period of February 1, 2019 through February 9, 2020. Following the on-site review, the QSR data was scored. Analysis of the scores was then completed.

A year-to-year comparison of GNMH's results are reported in Appendix 5: Year-to-Year Comparison. Of note, the threshold score for SFY18 was 70%, SFY19 was 75% and the threshold for this year is 80%.

Greater Nashua Mental Health Scores

ASSESSMENT, TREATMENT PLANNING AND SERVICE DELIVERY

Quality Indicator 1 corresponds to CMHA section VII.D.1. GNMH was evaluated for the adequacy of each individual's assessment and the resultant treatment planning and service

delivery received. In addition to determining the CMHC's compliance with standardized assessment tools, these questions evaluate: 1) whether the screening/assessment conducted adequately considers the individual's strengths and needs, and 2) whether the treatment plans and service delivery that flow from the assessments are appropriately designed to meet the individual's needs and goals.

Quality Indicator 1: Adequacy of Assessment

Assessment provides information to help treatment planning team members identify the individual's capabilities, needs, and preferences relative to the design of the treatment plan, and identify the most effective strategies and supports delivered in the least restrictive environment that will help the individual achieve his/her treatment goals. An adequate assessment is complete and identifies the individual's specific needs, strengths, and preferences, and is conducted face-to-face.

Twenty-one individuals were scored for Quality Indicator 1. GNMH received a score of 85%.

Quality Indicator 1 consists of Measure 1a, Measure 1b, Measure 1c, and Measure 1d.

Individuals were scored as follows:

	YES	NO
Measure 1a: Assessments identify individual's needs and preferences	17	4
Measure 1b: Assessments identify individual's strengths	17	4
Measure 1c: Assessment information was gathered through face to face appointment(s) with the individual	17	4
Measure 1d (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	20	1

Additional Results

- GNMH uses the Adult Needs and Strengths Assessment (ANSA) to assess individuals' needs and strengths (CRR Q4). Fourteen of 18 ANSAs had all areas within the strength section scored (CRR Q6). Three individuals did not have current ANSA assessments; the strengths for these individuals were assessed within the DLA-20 (CRR Q8).
- Staff indicated that at least part of the assessment process was done through face-to-face interactions with 17 of the 21 the individuals interviewed (SII Q2).

- Five of 21 individuals had treatment plans in which there were one or more treatment plan goals without related identified needs found in the ANSA, case management assessment, or other comparable assessment (CRR Q10).
- Overall, one individual reviewed was observed to need additional services that were not already identified in his/her assessments or in his/her treatment plan (OCR Q3). This individual wanted supported employment, yet employment needs were not assessed and therefore needs in this area could not be determined. Staff supported this being an area of interest and that a referral had been made, but a referral could not be found in the clinical record. The individual would benefit from having a steady income, increased productivity, socialization, and community integration (OCR Q4).

Quality Indicator 2: Appropriateness of Treatment Planning

Quality Indicator 2 corresponds to CMHA sections VII.D.1 and V.D.2.f. Treatment planning is appropriate when treatment plans are developed with the individual, incorporate the individual's strengths, and include treatment interventions customized to meet the individual's identified needs and help achieve their goals. Appropriate treatment planning also includes review and revision of the treatment plan on a quarterly basis, at a minimum, and whenever there is a change in the individual's needs and/or preferences. Appropriate treatment plans consist of individual-specific goals, objectives, action steps, and prescribed services.

Twenty-one individuals were scored for Quality Indicator 2. GNMH received a score of 89%.

Quality Indicator 2 consists of Measure 2a, Measure 2b, and Measure 2c. Individuals were scored as follows:

	YES	NO
Measure 2a: Treatment planning is appropriately customized to meet individual's needs and goals	18	3
Measure 2b: Treatment planning is person-centered and strengths based	18	3
Measure 2c (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	20	1

Additional Results

- If the ANSA or comparable assessment identifies mental health needs for an individual, the treatment plan and case management plan are then reviewed to see if GNMH has established a goal or plan to address the identified need(s). Nine individuals were found to have at least 70% of their identified mental health needs addressed through their case management or treatment plans. Eleven individuals had less than 70% of their identified mental health needs addressed in either their case management or treatment plans (CRR Q9).
- The QSR also looks at the reverse, reviewing each goal in the ISP treatment plan and determining if there is a related identified need in the case management assessment, the ANSA, or other comparable assessment. Sixteen individuals were found to have identified needs relating to all of their treatment goals; five individuals had one or more treatment plan goals that were not aligned with any of the needs identified in the case management assessment, the ANSA, or comprehensive assessment used (CRR Q10).
- From the review of individuals' quarterly assessments, six individuals had quarterlies that identified that a modification or change in treatment or services was needed. There was evidence in the clinical record to support that the identified modifications were made for five of the six individuals (CRR Q15).
- The clinical record contained documentation of quarterly reviews having been completed for all quarters that fell within the period under review for 20 individuals (CRR Q16).
- Twenty individuals reported they talked with GNMH staff in the past 12 months about their needs and goals (CII Q1), many saying they did so as often as weekly or even daily (CII Q2). Two individuals felt they did not speak often enough with staff about their needs and what they wanted to work on (CII Q3). These two individuals reported that these discussions took place with gaps of a few to six months.
- All individuals responded that staff actively work with them on their goals (CII Q5).
- Of the 21 individuals interviewed, 13 indicated they were able to effectuate change to their treatment plans (CII Q8). Seventeen individuals had an understanding of how their treatment plan was able to help them (CII Q9).
- Eight individuals stated there were people they wished had been involved in their treatment planning who were not (CII Q7). These people included family, an employment specialist, and group home staff.

- The clinical record contained documentation of nine individuals having signed their most recent annual ISP/treatment plan (CRR Q12); all ISP/treatment plans included the individuals' strengths (CRR Q13); nineteen of 21 ISP/treatment plans were written in plain language (CRR Q14).
- Of the 21 individuals interviewed, 17 individuals indicated they were involved in their treatment planning and goal setting (CII Q6).
- Overall, one individual reviewed was observed to need additional services that were not already identified in his/her assessments or in his/her treatment plan (OCR Q3). This individual wanted supported employment, yet employment needs were not assessed and therefore needs in this area could not be determined. Staff supported this being an area of interest and that a referral had been made, but a referral could not be found in the clinical record. The individual would benefit from having a steady income, increased productivity, socialization, and community integration (OCR Q4).

Quality Indicator 3: Adequacy of Individual Service Delivery

Quality Indicator 3 corresponds to CMHA sections VII.D.1, V.D.2.b, and V.D.2.c. Adequate and appropriate services incorporate the individual's strengths and are delivered with the intensity, frequency, and duration needed to meet his/her needs and achieve his/her goals. Services are considered adequate when, as a result of the services provided, the individual makes demonstrated progress toward achieving his/her treatment goals and desired outcomes, the services are delivered in accordance with the treatment plan, and prescribed services are revised as needed to meet the changing needs and goals of the individual.

Twenty-one individuals were scored for Quality Indicator 3. GNMH received a score of 90%.

Quality Indicator 3 consists of Measures 3a-3f. Individuals were scored as follows:

	YES	NO
Measure 3a: Services are delivered with the appropriate intensity, frequency, and duration	15	6
Measure 3b: Service delivery is flexible to meet individual's changing needs and goals	17	4
Measure 3c: Services are delivered in accordance with the service provision(s) on the treatment plan	21	0

Measure 3d (OCR Q1): Frequency and intensity of services are consistent with individual's demonstrated need	20	1
Measure 3e (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	20	1
Measure 3f (OCR Q5): Services and supports ensure health, safety, and welfare	21	0

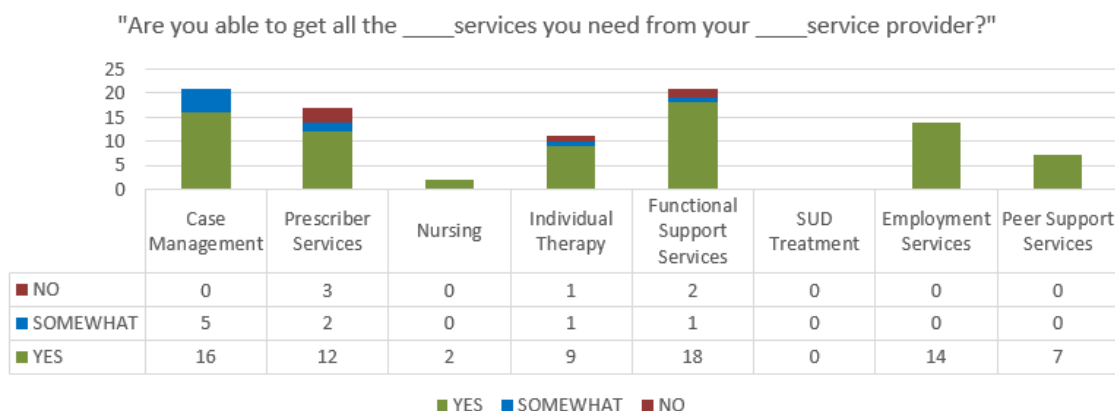
Additional Results

- Individuals are asked if they are able to get all the services and supports needed to meet their current needs and achieve their goals. Sixteen individuals responded they are able to get all the services and supports they need to meet their current needs and achieve their goals; three individuals responded they are “somewhat” able to get all the services and supports they need to meet their current needs and achieve their goals; two individuals responded that they are unable to get all the services and supports they need to meet their current needs and achieve their goals (CII Q19). Of the five individuals who responded “somewhat” or “no” to this question, two individuals named specific service/support areas that they needed more help with from GNMH, such as functional support services and supported employment/vocational services (CII Q20).
- Staff did not identify any issues or areas of concern with individuals not receiving services at the frequency prescribed on their treatment plan (SII Q5).
- Documentation in the clinical records indicated that 11 of 21 individuals were not receiving 70% or more of their services at the frequency prescribed on their treatment plans (CRR Q11). Staff provided appropriate reasons for why some services were not provided at the frequency prescribed for five of those individuals (SII Q7). Additionally, six individuals were reported to be declining one or more of their services. In some cases, the individuals had been ambivalent about a service but it had not yet been removed from the treatment plan.
- Overall, it was determined that one individual reviewed was not receiving services at a frequency and intensity consistent with his/her demonstrated needs (OCR Q1) and observed to have a need for additional services that had not already been identified in assessments or treatment plans (OCR Q3). This individual wanted supported employment, yet employment needs were not assessed and therefore needs in this area could not be determined. Staff supported this being an area of interest and that a referral had been made, but a referral could

not be found in the clinical record. The individual would benefit from having a steady income, increased productivity, socialization, and community integration (OCR Q4).

- Overall, all individuals reviewed were observed to be receiving all of their needed services to ensure health, safety, and welfare (OCR Q5).
- Individuals are asked if they are able to get all the supports and services they need from specific staff roles, based upon which services are prescribed on their treatment plan or in which they are interested (CII Q11, CII Q12, CII Q13, CII Q14, CII Q15, CII Q61, CII Q108). Individuals were most satisfied with their employment services and peer support services, with all 14 individuals and all seven individuals respectively who had been prescribed the services responding that they were receiving the services needed in those areas. Individuals were least satisfied with their prescriber services, with five of 12 individuals stating that they did not receive or only somewhat received the prescriber services they needed (See Figure 1).

Figure 1: Ability to Get All the Supports and Services Needed



HOUSING SERVICES AND SUPPORTS

The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need is not met, individuals cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide individuals with the stability they need to achieve their goals. The U.S. Department of Justice (DOJ) interprets the Americans with Disabilities Act's anti-discriminatory provision as follows: "A public entity shall administer services, programs and activities in the most integrated setting appropriate to the needs of

qualified individuals with disabilities,” meaning “a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible.”²

An individual receives appropriate and adequate housing services when his/her housing needs are adequately assessed, services are incorporated into treatment planning as needed, and interventions support the individual’s ability to live with stability and autonomy in the least restrictive environment. Adequate housing services and supports assist the individual with acquiring, retaining, and maintaining the skills necessary to reside successfully in permanent community-based settings.

Quality Indicator 4: Adequacy of Housing Assessment

Quality Indicator 4 corresponds to CMHA section VII.D.1. Assessment in the area of housing and housing supports provides information to treatment planning team members that helps them accurately identify the individual’s housing needs and the range and level of supports needed to acquire and maintain appropriate and adequate housing. Adequate housing assessment identifies the specific and most recent housing needs of the individual.

Twenty-one individuals were scored for Quality Indicator 4. GNMH received a score of 95%.

Quality Indicator 4 consists of Measure 4a. Individuals were scored as follows:

	YES	NO
Measure 4a: Individual housing needs are adequately identified	20	1

Additional Results

- Both the ANSA and case management assessments supported that individuals’ housing needs were routinely assessed, when these assessments were completed. ANSAs were found for 18 of 21 individuals (CRR Q4), and case management assessments were found for 20 of 21 individuals (CRR Q1). Collectively, 20 of 21 individuals were assessed for housing needs by one or both of these means (CRR Q19, CRR Q20).
- Fourteen individuals reviewed had housing needs identified in either the ANSA or the case management assessment (CRR Q21)

Quality Indicator 5: Appropriateness of Housing Treatment Planning

Quality Indicator 5 corresponds to CMHA section V.E.1.a. Housing treatment planning is appropriate when treatment plans include housing services and supports that are customized to meet the individual's identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Twenty-one individuals were scored for Quality Indicator 5. GNMH received a score of 86%.

Quality Indicator 5 consists of Measure 5a. Individuals were scored as follows:

	YES	NO
Measure 5a: Treatment Plans are appropriately customized to meet individual's housing needs and goals	18	3

Additional Results

- Fourteen of 21 individuals had housing needs identified in either the ANSA or the case management assessment (CRR Q21). Of those 14 individuals, 11 had housing related goals or objectives on their treatment plan and/or case management plan (CRR Q23, CRR Q24); and all 11 had housing goals in alignment with their assessed housing needs (CRR Q28).
- Many of the housing related goals and plans on the case management plans were more generic with language such as “monitor and refer”. The housing related goals on the treatment plans were more specific to the needs of each individual (CRR Q25).

Quality Indicator 6: Adequacy of Individual Housing Service Delivery

Quality Indicator 6 corresponds to CMHA section IV.B, V.E.1.a, and VII.D.1, 4. Housing service delivery is adequate when housing support services are provided with the intensity, frequency, and duration needed to meet the individual's changing needs and achieve his/her housing goals.

Twenty-one individuals were scored for Quality Indicator 6. GNMH received a score of 90%.

Quality Indicator 6 consists of Measure 6a, Measure 6b, and Measure 6c. Individuals were scored as follows:

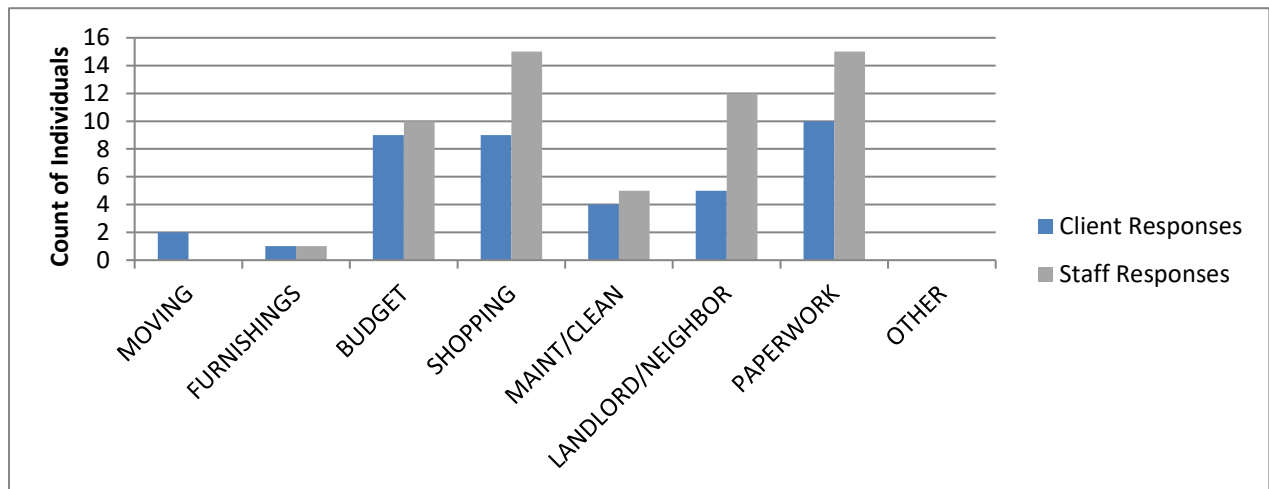
	YES	NO
Measure 6a: Housing support services are provided to with appropriate intensity, frequency, and duration to meet individual's changing needs and goals	19	2

Measure 6b: Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual	17	4
Measure 6c: (OCR Q9): Services are adequate to obtain and maintain stable housing	21	0

Additional Results

- Fourteen of the 15 individuals with housing goals or objectives on their treatment plan and/or case management plan (CRR Q23, CRR Q24) were receiving housing related services (CRR Q26). Of those 14 individuals, all were receiving housing services that were in alignment with their housing goals (CRR Q28).
- Sixteen individuals felt that they were able to get all the housing supports they need (CII Q43). Eighteen individuals felt they received housing supports and services as often as they needed (CII Q44). Eight individuals did not feel that they had enough support to achieve their housing goals (CII Q45). One or more comments provided by individuals were about services that could be provided by the CMHC, whereas others were about needing housing related assistance that may fall outside the capabilities of a mental health center. Comments from individuals regarding what else is needed to reach their housing goals included needing help getting out to look at apartments, assistance in finding a different place to live, more money or income support (CII Q45).
- Overall, all individuals reviewed were observed to be receiving services adequate to obtain and maintain stable housing (OCR Q9).
- The most common housing services received by individuals were help with housing related paperwork and help with shopping (SII Q30, CII Q42) (see Figure 2).

Figure 2: Most Common Housing Services and Supports Received



Quality Indicator 7: Effectiveness of Housing Service Delivery

Quality Indicator 7 corresponds to CMHA section VII.A. Housing services are effective when the services and supports provided to the individual enable him/her to make progress toward and achieve his/her identified housing goals; enable him/her to be involved in selecting his/her housing; and enable him/her to maintain safe and stable housing.

Twenty-one individuals were scored for Quality Indicator 7. GNMH received a score of 90%.

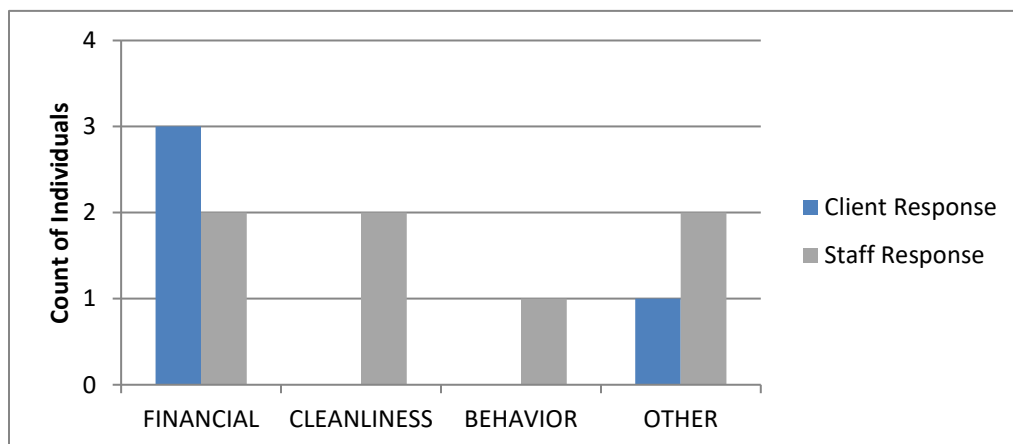
Quality Indicator 7 consists of Measures 7a-7e. Of the 21 individuals interviewed, 10 individuals were considered not applicable for Measure 7d because they did not move nor had interest in moving during the period under review. Individuals were scored as follows:

	YES	NO
Measure 7a: Housing supports and services enable individual to meet/progress towards identified housing goals	20	1
Measure 7b: Housing supports and services enable individual to maintain safe housing	19	2
Measure 7c: Housing supports and services enable individual to maintain stable housing	21	0
Measure 7d: Housing supports and services enable individual to be involved in selecting housing	4	7
Measure 7e (OCR Q9): Services are adequate to obtain and maintain stable housing	21	0

Additional Results

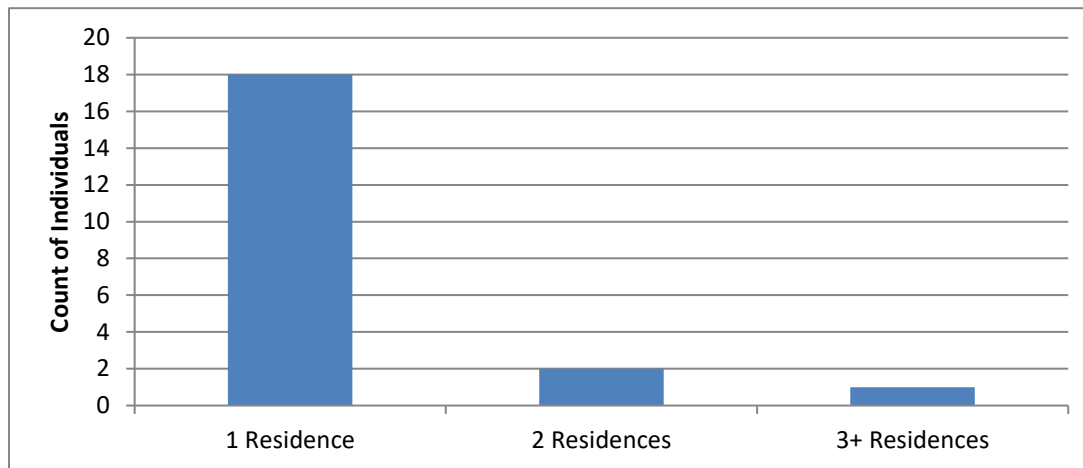
- Four individuals responded they had a safety concern related to their home or neighborhood in the past 12 months (CII Q29). Staff did not respond to being aware of a safety concern related to housing for any of these four individuals who self-identified safety concerns, but did identify safety concerns related to housing for three additional individuals (SII Q22). One client and one staff identified the safety concerns as being current (CII Q30, SII Q23). The most common reasons for the safety concerns were fear for personal/physical safety, criminal activity in the area, individuals falling and injuring themselves, and not keeping a home clean enough for it to be considered safe.
- Nineteen individuals are living in independent private residences, and two individuals are living in residential care (CII Q27, SII Q20).
- One individual responded he/she had been homeless at some point in the past 12 months (CII Q33).
- A total of seven unduplicated individuals were at risk of losing housing in the past 12 months per individual and staff responses (CII Q31, SII Q24). The most common reasons mentioned were related to not being able to afford their housing and issues related to cleanliness, although the issue around cleanliness was only identified by staff and not by the individuals (CII Q32, SII Q25) (see Figure 3).

Figure 3: Reasons for Being at Risk of Losing Housing in the Past 12 Months



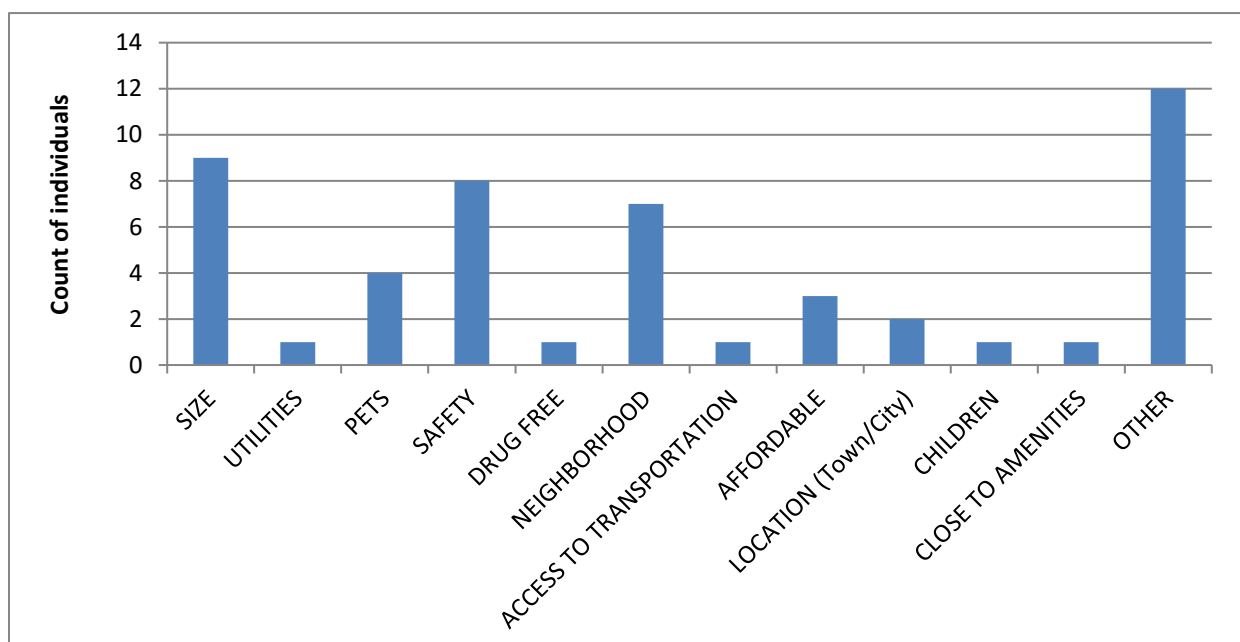
- Eighteen individuals had lived in the same residence for the past year or more (CII Q34) (see Figure 4).

Figure 4: Places Lived in the Past Year



- The most common responses made by individuals regarding the factors most important to them when choosing a place to live were size and safety (CII Q40). Some of the more specific reasons given that were categorized as “other” were having a yard, having parking, school zone, quiet neighborhood, first floor unit, and specific preferences for their living space such as a fireplace or large closet (see Figure 5).

Figure 5: Preferences When Choosing Where to Live



- Overall, it was determined that all individuals were receiving services adequate to obtain and maintain stable housing (OCR Q9).

- Some individuals had additional information they chose to share regarding housing services (CII Q46). Some of those comments are included below.

“I do wish there were more housing options available in Nashua.”

“I haven’t had a chance to discuss my housing needs with staff yet.”

“SSDI limits the amount of money you can earn, so you can’t really get ahead. The systems don’t work with one another....the system doesn’t work...I’d like to hope that by doing this interview, that somebody out there will listen to what we are saying and make it work.”

EMPLOYMENT SERVICES AND SUPPORTS

Employment is a social determinant of health and increases health, wellbeing and community integration. Employment support services are designed to help an individual find and maintain competitive work in integrated settings. Supported employment, an evidence-based practice, is shown to be effective in helping individuals live independently in the community.

An individual receives appropriate and adequate employment services when he/she has been screened to determine his/her employment needs and interests, employment goals are identified and incorporated into the treatment plan, and employment services and supports are provided in a manner that helps him/her make progress toward and achieve his/her employment goals.

Quality Indicator 8: Adequacy of Employment Assessment/Screening

Quality Indicator 8 corresponds to CMHA section VII.D.1. An employment assessment/screening provides information to the treatment planning team that helps them identify the individual’s interests, readiness, preferences, and needs regarding acquiring and/or maintaining employment, and determine the range and level of services and supports needed to achieve the individual’s employment goals. An adequate employment assessment/screening is comprehensive and identifies the specific and most recent employment needs and preferences of the individual.

Twenty-one individuals were scored for Quality Indicator 8. GNMH received a score of 64%. Quality Indicator 8 consists of Measure 8a and Measure 8b. Of the 21 individuals interviewed, five individuals were considered not applicable for Measure 8b because they were not receiving

supported employment services. Measure 8b is applicable only if individuals were enrolled in Supported Employment during the period under review (CRR Q29). Individuals were scored as follows:

	YES	NO
Measure 8a: Individual employment needs are adequately identified	14	7
Measure 8b: Individual received a comprehensive assessment of employment needs and preferences when applicable	13	3

Additional Results

- Five individuals responded they had not been asked by GNMH staff in the past 12 months about their employment goals or interests (CII Q52).
- There was evidence in the clinical record that 18 of 21 individuals had been assessed/screened for employment needs (CRR Q30, CRR Q31).
- Of the 14 individuals stating they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q53), six had employment needs identified in either the ANSA or the case management assessment (CRR Q32).
- Sixteen of 21 individuals were enrolled in supported employment during the period under review (CRR Q29), and 14 individuals had a completed comprehensive employment assessment (vocational profile) (CRR Q37). Of the 14 employment assessments (vocational profiles) completed, 13 included the individual's employment strengths (CRR Q38).

Quality Indicator 9: Appropriateness of Employment Treatment Planning

Quality Indicator 9 corresponds to CMHA section V.F.1. Employment treatment planning is appropriate when employment services and supports are customized to meet the individual's identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Fourteen individuals were scored for Quality Indicator 9. GNMH received a score of 64%.

Quality Indicator 9 consists of Measure 9a. Of the 21 individuals interviewed, seven individuals were considered not applicable for Measure 9a because they reported they were not interested in

employment or receiving employment support services (CII Q53). Individuals were scored as follows:

	YES	NO
Measure 9a: Treatment plans are appropriately customized to meet individual's changing employment needs and goals	9	5

Additional Results

- Fourteen individuals responded they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q53), and all 14 described an interest in receiving help and services that would be provided by GNMH (CII Q54). GNMH staff were aware of this interest for the 14 individuals (SII Q42) and identified two additional individuals as having been interested in employment services within the past 12 months as well. Ten of the 14 individuals who expressed interest in receiving help with finding or keeping a job had employment-related goals or plans, as evidenced by their treatment plans and/or case management plans (CRR Q34, CRR Q35).
- In total, 11 individuals had employment related goals or plans, regardless of expressed interest (CRR Q34, CRR Q35), and these goals or plans were all in alignment with assessed needs (CRR Q41). Of the four individuals who were interested in receiving help related to finding and/or keeping a job but did not have documented employment plans/goals, three had neither needs nor goals identified and one had the need identified but no plans or goals to address the need (CRR Q32, CRR Q34, CRR Q35).
- Fifteen individuals had Supported Employment (SE) listed as a prescribed service on their treatment plans (CRR Q11), and all 15 of these individuals had been enrolled in SE during the past 12 months (CRR Q29). In total, 16 of 21 individuals had been enrolled in SE during the past 12 months (CRR Q29). Four of the those 16 individuals expressed that they were not interested in receiving help in finding or maintaining a job, and had not been interested in the past 12 months (CII Q53).
- Eleven individuals reported that their employment related needs or goals had changed at some point during the past 12 months (CII Q58). Of the nine individuals who reported discussing these changes with GNMH staff (CII Q59), seven individuals felt that GNMH staff had helped them with their changed employment needs or goals (CII Q60).

Quality Indicator 10: Adequacy of Individualized Employment Service Delivery

Quality Indicator 10 corresponds to CMHA section IV.B, V.F.1, VII.B.1, 4, and VII.D.4.

Employment service delivery is adequate when employment supports and services are provided with the intensity, frequency, and duration needed to meet the individual's changing needs and achieve his/her identified employment goals.

Fifteen individuals were scored for Quality Indicator 10. GNMH received a score of 90%.

Quality Indicator 10 consists of Measure 10a and Measure 10b. Individuals were scored for the indicator if at least one of the two measures applied to them. Of the 21 individuals interviewed, seven individuals were considered not applicable for Measure 10a because they reported not being interested in employment or were not receiving employment support services during the period under review (CII Q53, CRR Q29). Of the 21 individuals interviewed, 10 individuals were considered not applicable for Measure 10b because they did not have employment goals (CRR Q34, CRR Q35). Accordingly, the additional results below are based upon the number of individuals the data points apply to, respectively. Individuals were scored as follows:

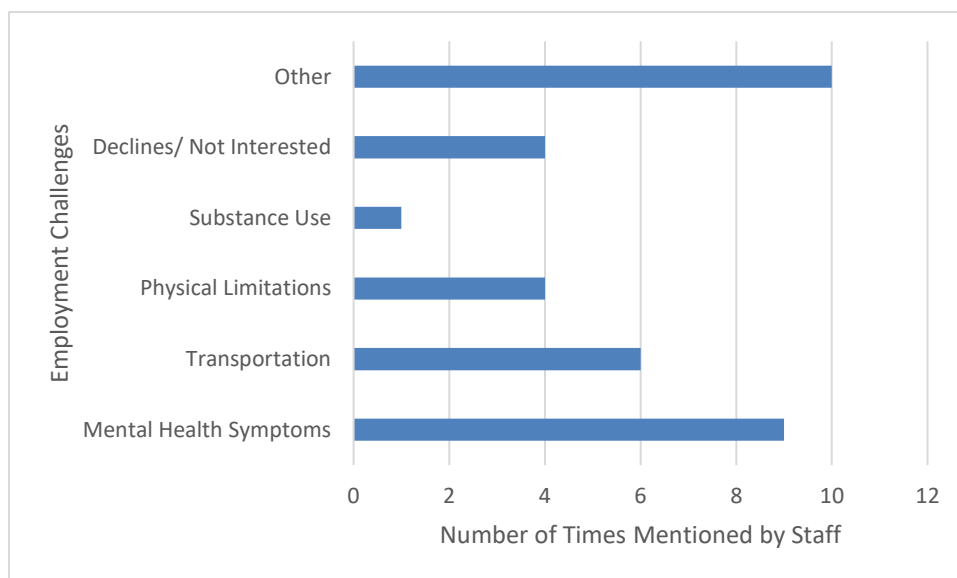
	YES	NO
Measure 10a: Service delivery is provided with the intensity, frequency, and duration needed to meet individual's changing employment needs	12	2
Measure 10b: Services and supports are meeting individual's employment goals	11	0

Additional Results

- Fifteen of 21 individuals had supported employment prescribed on their treatment plans. Of those 15, eight were not receiving services at the frequency prescribed on the treatment plan (CRR Q11).
- No individuals responded they needed additional employment related services from GNMH (CII Q61). Two individuals responded they were not getting employment supports and services *as often* as they felt they needed (CII Q62). Individuals are asked if they have enough support to achieve their employment goals. All but one felt that they did (CII Q63). One individual expressed wanting help with interview skills, resume creation, obtaining proper work clothes and transportation (CII Q63). Types of employment services provided included assessing needs and interests, job search, help with the application process, follow along supports, and updating resumes (CRR Q40).

- Three individuals reported being employed (CII Q47); of those individuals, all three individuals reported having a competitive job (CII Q48), two individuals work full-time and one individual works part-time (CII Q49), and two individuals responded they are interested in working more hours (CII Q51). For the purposes of this report, 20 hours or more is considered full-time, and less than 20 hours is considered part-time.
- For the 15 individuals who had employment needs identified in the ANSA or case management assessment (CRR Q32), and/or had employment goals prescribed on the treatment plan or identified in the case management plan (CRR Q34, CRR Q35), 13 individuals received employment services and supports that were in alignment with their employment needs or goals (CRR Q41).
- Responses from staff about challenges individuals face in finding and maintaining employment included lack of motivation, transportation barriers, physical limitations, difficulty managing emotional or psychiatric symptoms, substance use/addiction, limited interpersonal skills, poor hygiene, memory issues, and understanding financial and budgeting needs (SII Q46) (see Figure 6).

Figure 6: Employment Challenges Faced by Individual



- Staff identified 11 individuals as having received employment related services in the past 12 months (SII Q50). For all 11 individuals, the provided services identified by staff were in alignment with the individuals' treatment plan goals (SII Q51). For all 11 of the individuals,

staff responded that the services were helping the individuals' progress towards their employment goals (SII Q52).

- Examples of successes and progress for individuals receiving supported employment or other employment related services included exploring ambivalence or reluctance, discussing job interests and marketable skills, preparing for interviews, and job searching (SII Q52).
- Twelve of the 21 individuals interviewed responded that someone had explained to them how employment may or may not affect their financial benefits (CII Q64). Staff reported that this topic had been discussed with 15 of the individuals interviewed (SII Q41).
- When asked if they had anything else to share regarding employment services, many did not, but some shared the ways in which the services helped as well as how they did not (CII Q65).

“The one I’m working with now doesn’t seem to be very proactive. All I’m doing with [him/her] is sending resumes. We talked about a grant to do a computer training, but that hasn’t happened.”

“We just look on Indeed; I can do that.”

“I have no complaints. I see her every week. We are looking for something that is not too hard for me to move my arm around.”

“I don’t need a lot of services, but if I needed more I know I could get them.”

- GNMH offers supported employment services out of their office in Nashua. A Supported Employment Fidelity review was completed at GNMH on June 19th and 20th, 2019. GNMH scored an 88 out of a possible 125 points, which brings them to the Fair Fidelity category range of a score between 74-99.

COMMUNITY INTEGRATION, CHOICE AND SOCIAL SUPPORTS

Social networks and community relationships are key contributors to recovery. Studies have shown that individuals with a greater diversity of relationships and/or involvement in a broad range of social activities have healthier lives and live longer than those who lack such supports. Typically, people with mental illness may have social networks half the size of the networks

among the general population. Perceptions of adequate social support are associated with several psychological benefits, including increased self-esteem, feelings of empowerment, functioning, quality of life, and recovery, while the absence of social support appears related to greater psychiatric symptoms, poorer perceptions of overall health, and reduced potential for full community integration.

Quality Indicator 11: Adequacy of Assessment of Social and Community Integration Needs

Quality Indicator 11 corresponds to CMHA section VII.D.1. An assessment of the individual's social and community integration needs provides information to treatment planning team members that helps them determine whether the individual is integrated into his/her community and has choice, increased independence, and adequate social supports.

Twenty-one individuals were scored for Quality Indicator 11. GNMH received a score of 100%. Quality Indicator 11 consists of Measure 11a and Measure 11b. Individuals were scored as follows:

	YES	NO
Measure 11a: Assessment identifies individual's related social and community integration needs and preferences	21	0
Measure 11b: Assessment identifies individual's related social and community integration strengths	21	0

Additional Results

- The ANSA includes several domains related to social and community integration needs and strengths. All of the related needs in the ANSA were completed for 15 individual(s) (CRR Q43), and all the related strength areas of the ANSA were completed for 14 individuals (CRR Q44). However, despite some individuals not having ANSAs or not having all areas of the ANSA complete, those that did not have these areas assessed in the ANSA were found to have them assessed elsewhere, such as the case management assessments (CRR Q42, CRR Q45). Collectively, all 21 individuals were found to have needs and strengths assessed, as they related to social and community integration.

Quality Indicator 12: Adequacy of Integration within the Community, Choice, Independence, and Social Supports

Quality Indicator 12 corresponds to CMHA section IV.B, IV.C, VII.A, and VII.D.4. An individual is determined to have been integrated into his/her community and to have choice, increased independence, and adequate social supports when he/she has flexible services and supports to acquire and maintain his/her personal, social, and vocational competency in order to live successfully in the community.

Twenty-one individuals were scored for Quality Indicator 12. GNMH received a score of 77%.

Quality Indicator 12 consists of Measures 12a-12m. Seventeen individuals did not have an inpatient psychiatric admission during the period under review and therefore were not applicable for Measure 12c. Four individuals did not have identified needs related to social supports and community integration and therefore were not applicable for Measure 12j. Individuals were scored as follows:

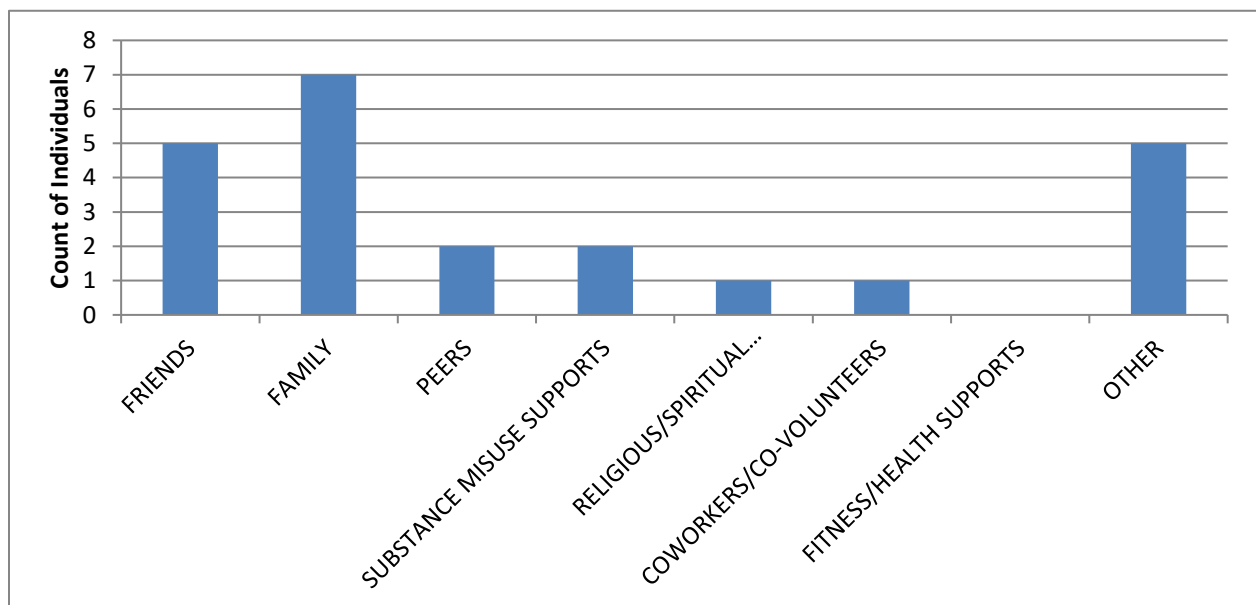
	YES	NO
Measure 12a: Individual is competitively employed	3	18
Measure 12b: Individual lives in an independent residence	19	2
Measure 12c: Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility	4	0
Measure 12d: Individual is integrated in his/her community	14	7
Measure 12e: Individual has choice in housing	10	11
Measure 12f: Individual has choice in his/her treatment planning, goals and services	17	4
Measure 12g: Individual has the ability to manage his/her own schedule/time	21	0
Measure 12h: Individual spends time with peers and /or family	17	4
Measure 12i: Individual feels supported by those around him/her	16	5
Measure 12j: Efforts have been made to strengthen social supports if needed	11	6
Measure 12k (OCR Q7): Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community	21	0

Measure 12l (OCR Q11): Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization	21	0
Measure 12m (OCR Q13): Services are adequate to live in the most integrated setting	21	0

Additional Results

- Fourteen individuals responded they feel a part of their community; seven did not (CII Q104). Staff responded that 15 of 21 individuals were integrated into their community; six were not (SII Q63). Seventeen of 21 individuals were able to identify at least one natural support with whom they spend time, with family and friends being the most frequently mentioned supports (CII Q98). Of the three individuals who were competitively employed (CII Q48), one individual identified spending time with people from work to support his/her recovery (CII Q98) (see Figure 7).

Figure 7: Identified Natural Supports



- Five individuals did not feel that they had an adequate support system (CII Q101); three of the five individuals felt that GNMH was helping them to improve their support systems (CII Q102). These individuals identified GNMH providing help in areas such as assisting individuals to participate in community groups and supporting individuals to engage more in the community such as accessing the soup kitchen (CII Q103).

- Three of 21 individuals were unable to identify anyone, aside from CMHC staff, that they go to for support (CII Q96). Six individuals were unable to identify people in their lives who help support them with their treatment and mental health recovery (CII Q99); six individuals did not feel that family, friends, and/or community give them enough support with their treatment and mental health recovery; and four individuals felt that family, friends, and/or community “somewhat” provide enough support (CII Q100).
- Twenty of 21 individuals reported that they had been given information about services and supports available to them in the community (CII Q105).
- Individuals are asked about peer related services they are aware of or may have utilized during the past year. Seven individuals reported utilizing peer specialist services at the CMHC (CII Q107). Thirteen individuals were aware of peer support agencies (CII Q109), and six had accessed peer support agencies in the past year (CII Q110). Staff reported that four individuals had not been informed about peer support agencies, and staff was not sure if another four individuals had been informed (SII Q67).
- When asked if they had anything additional to share regarding their support systems, some individuals reiterated that they had friends, family, or a pastor as supports and/or that they recognized that they needed more help in this area (CII Q112).

“If it wasn’t for [GNMHC], I don’t know where I would be right now.”

“I keep myself closed in a lot. It’s something more that I need to work on.”

- Seventeen individuals had identified needs related to social support and community integration in the ANSA or case management assessments (CRR Q46). Fifteen individuals had these needs addressed by goals in their treatment plans or care plans (CRR Q48, CRR Q49). In total, there were nineteen individuals who had either needs and/or goals in this area. There was evidence of related services being provided for 18 of the 19 individuals that were in alignment with the identified needs (CRR Q50, CRR Q52).
- Of the four individuals who had experienced an inpatient psychiatric admission during the period under review, all four individuals reported that they restarted communication with

their natural support system following their discharge from the inpatient psychiatric facility (CII Q94).

- Individuals are asked several questions related to their independence and their ability to be involved in having choice and making decisions regarding their housing. For those individuals who had moved in the past 12 months, two of three individuals reported they did not have an opportunity to discuss their housing preferences with staff before moving (CII Q35), and two of three individuals were unable to see their current housing before moving (CII Q36). For those individuals who were currently looking for a different place to live, three of nine individuals had not had an opportunity to discuss their current housing preferences (CII Q38), and three of nine individuals responded that they had not or would not have an opportunity to see potential housing options prior to moving (CII Q39). Twelve of 21 individuals reported that their current housing had most of the things that are important to them in housing (CII Q41).
- Overall, there were no individuals reviewed who were observed to need additional services to support their achieving increased independence and integration into the community (OCR Q7).
- Overall, there were no individuals reviewed who were observed as needing additional services to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11).
- Overall, all individuals reviewed were observed to be receiving the services necessary to live in the most integrated setting (OCR Q13). Nineteen individuals reviewed were living in independent residences (CII Q27, SII Q20).

CRISIS SERVICES AND SUPPORTS

Crises have a profound impact on persons living with severe mental illness³. A crisis is any situation in which a person's behaviors puts them at risk of hurting themselves or others and/or when they are not able to resolve the situation with the skills and resources available. Mental health crises may include intense feelings of personal distress, obvious changes in functioning, or disruptive life events such as disruption of personal relationships, support systems, or living arrangements. It is difficult to predict when a crisis will happen. While there are triggers and signs, a crisis can occur without warning. It can occur even when a person has followed his/her

treatment or crisis plan and used techniques they learned from mental health professionals. Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments, decrease involvement in the criminal justice system, and increase community tenure. Appropriate crisis services and supports are timely, provided in the least restrictive environment, strengths-based, and promote engagement with formal and informal natural supports.

Quality Indicator 13: Adequacy of Crisis Assessment

Quality Indicator 13 corresponds to CMHA section V.C.1. A crisis assessment/screening is adequate if the assessment was conducted in a timely manner and identifies individual risks, protective factors, and coping skills/interventions.

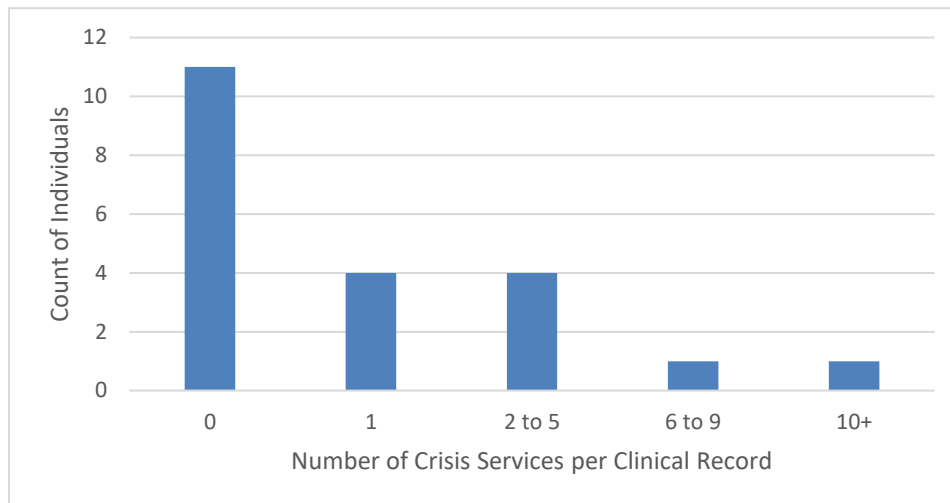
Four individuals were scored for Quality Indicator 13. GNMH received a score of 100%. Quality Indicator 13 consists of Measure 13a, Measure 13b, Measure 13c, and Measure 13d. Of the 21 individuals interviewed, 17 individuals were considered not applicable for Indicator 13 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client *and* the clinical record. Specifically, 10 clinical records had documentation of crisis services being provided (CRR Q55) and seven individuals endorsed receiving crisis services (CII Q69). When documentation and endorsements were analyzed in the CII and CRR, four individuals could be scored. Some of the additional results below include data from individuals who were not scored, and are offered to provide GNMH with more helpful information. Individuals were scored as follows:

	YES	NO
Measure 13a: Crisis assessment was timely	4	0
Measure 13b: Risk was assessed during crisis assessment	4	0
Measure 13c: Protective factors were assessed during crisis assessment	4	0
Measure 13d: Coping skills/interventions were identified during crisis assessment	4	0

Additional Results

- Documentation in the clinical record indicated that one individual received 10 or more crisis services in the period under review (CRR Q56) (see Figure 8).

Figure 8: Crisis Services Received by all 21 Individuals in Period Under Review



- Two of the seven individuals who endorsed receiving crisis services responded that during a crisis they were “occasionally” able to get help quickly enough from GNMH; no individuals reported that they were “never” able to get help quickly enough (CII Q75).
- Documentation of risk assessment was found in all 10 crisis notes reviewed (CRR Q57). In all 10 crisis records, protective factors were assessed (CRR Q57). Nine of 10 records reviewed for crisis services contained documentation that coping skills had been assessed (CRR Q57).
- Five of the seven individuals who endorsed receiving crisis services responded that GNMH staff “always” or “most of the time” helped them manage while experiencing a crisis (CII Q71).

Quality Indicator 14: Appropriateness of Crisis Plans

Quality Indicator 14 corresponds to CMHA section VII.D.1. An appropriate crisis plan is person-centered and enables the individual to know and understand how to navigate and cope during a crisis situation.

Twenty-one individuals were scored for Quality Indicator 14. GNMH received a score of 93%. Quality Indicator 14 consists of Measure 14a and Measure 14b.

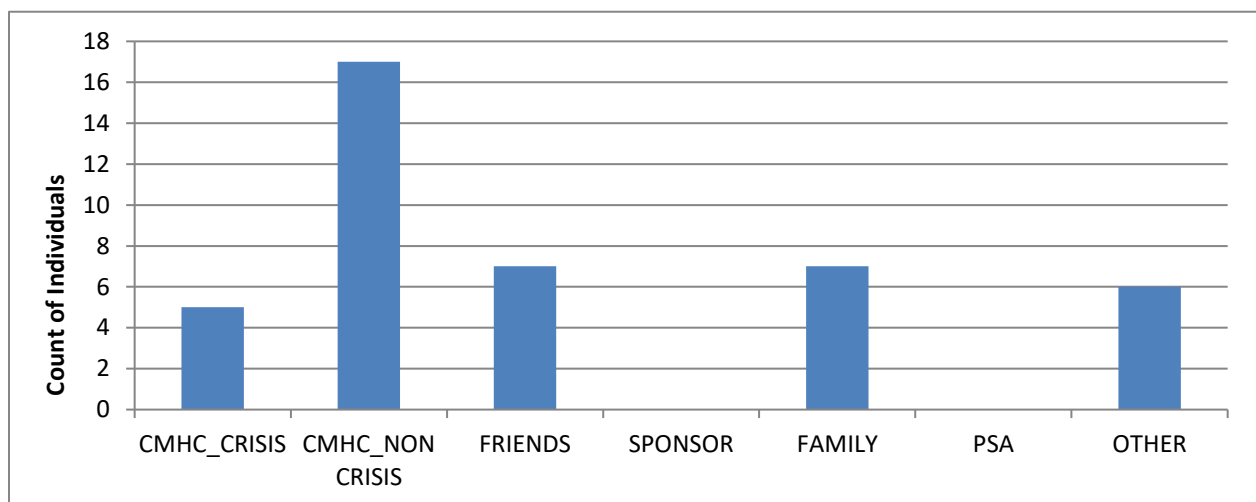
	YES	NO
Measure 14a: Individual has a crisis plan that is person-centered	21	0

Measure 14b: Individual has a knowledge and understanding of how to navigate and cope during a crisis situation	18	3
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Additional Results

- All 21 individuals had crisis plans in their clinical records that were specific to the individual (CRR Q53, CRR Q54).
- Individuals were asked an open-ended question, who they could call if having a mental health crisis. Twenty of 21 individuals were able to identify at least one person/agency/support that they could call during a crisis (CII Q66). The most common response made by individuals was non-crisis CMHC staff (CII Q66). Their responses were coded using the following categories (see Figure 9).

Figure 9: Who the Individual Could Call if Having a Mental Health Crisis



Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery

Quality Indicator 15 corresponds to CMHA section V.D.2.f and V.C.1. Crisis service delivery is comprehensive and effective when communication with treatment providers during the crisis event was adequate, communication with the individual was adequate, crisis service delivery was sufficient to stabilize the individual as quickly as practicable, crisis interventions occurred at the site of the crisis, and the individual was assisted in returning to his/her pre-crisis level of functioning.

For an individual to be scored for Quality Indicator 15, documentation of the crisis services received by the individual during the period under review must be found in the clinical record and both the staff and the individual interviewed need to endorse that a crisis service was provided during that period.

Two individuals were scored for Quality Indicator 15. GNMH received a score of 88%. Quality Indicator 15 consists of Measures 15a-15e. Of the 21 individuals interviewed, 19 individuals were considered not applicable for Indicator 15 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client, the staff, *and* the clinical record. Specifically, 10 clinical records had documentation of crisis services being provided (CRR Q55), seven individuals endorsed receiving crisis services (CII Q69), and seven staff endorsed individuals having received crisis services (SII Q53). When documentation and endorsements were analyzed for the CII, SII, and CRR, two individuals could be scored. Some of the additional results included below include data from individuals who were not scored to provide GNMH with more helpful information. As GNMH does not have a mobile crisis team, all individuals were considered not applicable for Measure 15d. Individuals were scored as follows:

	YES	NO
Measure 15a: Communication with treatment providers during crisis episode was adequate	2	0
Measure 15b: Communication with individual during crisis episode was adequate	1	1
Measure 15c: Crisis service delivery is sufficient to stabilize individual as quickly as practicable	2	0
Measure 15d: Crisis interventions occur at site of the crisis (if applicable)	0	0
Measure 15e: Individual was assisted to return to his/her pre-crisis level of functioning	2	0

Additional Results

- Responses from the individuals who endorsed receiving crisis services about how staff at GNMH helped them manage while experiencing a crisis included staff talking to them, helping with insight and perspective, and suggesting coping skills (CII Q71). Individuals who endorsed receiving crisis services were also asked what would have been more helpful, if anything, regarding the crisis services they received (CII Q77). Responses included having someone return their call and having different staff available, and feeling that some staff

were “angry”. One individual suggested having emergency therapists specifically for ACT that could respond to individuals’ residences in person.

- For crisis services reviewed that were provided by GNMH, five of seven crisis services were provided by staff who have a consistent role in the individual’s treatment (SII Q58). However, GNMH does not provide psychiatric emergency services at the local hospitals, so GNMH clients presenting at local emergency departments with psychiatric symptoms receive assessments provided by the hospitals’ own emergency assessment services.
- All seven staff who endorsed individuals having received crisis services responded they received notification from a treatment provider (rather than directly from the individual, family, or friend) or were the direct provider of the crisis service themselves (SII Q56), and all seven staff received notification within 24 hours (SII Q56). All seven staff responded they received all of the information needed regarding the crisis episode (SII Q57).
- Of the seven individuals who endorsed receiving crisis services during the period under review, six responded they felt supported by staff (CII Q72).
- Four of seven individuals responded that staff “always” explained things in a way that they understood during a crisis (CII Q73).
- Four of seven individuals responded that they “always” or “most of the time” felt that they had been able to get all the crisis/emergency supports and services they needed (CII Q74).
- Five of the seven individuals who endorsed receiving crisis services responded that during a crisis they were “always” or “most of the time” able to get help quickly enough from GNMH (CII Q75).
- Of the 10 clinical records reviewed for crisis services, seven records contained documentation that the individual remained in the home/community setting following the most recent crisis service provided by GNMH (CRR Q57).
- The individual who had received 10 or more crisis services during the period under review (CRR Q56) had experienced seven inpatient psychiatric admissions during the period under review (CRR Q68).
- Of the seven individuals who endorsed receiving crisis services during the period under review, six individuals responded the crisis services received “always” or “most of the time” helped them to feel like they did before the crisis (CII Q76).

- When asked about the steps taken to manage a psychiatric crisis (CII Q70), individuals cited taking steps that were similar to how they responded to questions regarding who they could call during a crisis and what else they might do if they experienced a mental health crisis (CII Q66, CII Q67).
- All seven staff responded that the crisis services helped the individual return to his/her pre-crisis level of functioning (SII Q59). All 10 crisis service notes reviewed included the plan for the individual following the crisis service (CRR Q57).
- When individuals were asked if they had anything additional to share regarding crisis services at GNMH, several said they had not used them and some said they had been helpful. Many had nothing additional to add. (CII Q82).

ACT SERVICES AND SUPPORTS

ACT is characterized by a team approach, in vivo services, a shared caseload, flexible service delivery, and crisis management 24 hours a day, 7 days a week. Services are comprehensive and highly individualized and are modified as needed through an ongoing assessment and treatment planning process. Services vary in intensity based on the needs of the persons served. ACT has been identified as an effective model for providing community-based services for persons whose needs and goals have not been met through traditional office-based treatment and rehabilitation services.

As an evidence-based psychiatric rehabilitation practice, ACT provides a comprehensive approach to service delivery to consumers with SMI or SPMI. ACT uses a multi-disciplinary team, which typically includes a psychiatrist, a nurse, and at least two case managers. ACT is characterized by: (1) low individual to staff ratios, (2) providing services in the community rather than in the office, (3) shared caseloads among team members, (4) 24-hour staff availability, (5) direct provision of all services by the team (rather than referring consumers to other agencies), and (6) time-unlimited services.

Direct comparisons to the ACT sample are not made within this report. Rather, data comparing individuals receiving ACT services to those not receiving ACT services is contained in Appendix 6: ACT vs. Non-ACT Indicator Scores.

Quality Indicator 16: Adequacy of ACT Screening

Quality Indicator 16 corresponds to CMHA section VII.D.1. Adequate ACT screening takes place at initiation of CMHC services, during quarterly treatment plan reviews, and upon discharge from emergency room and hospital-based psychiatric treatment. Adequate ACT screening of individuals for appropriateness of services results in timely enrollment of ACT services.

Twenty-one individuals were scored for Quality Indicator 16. GNMH received a score of 95%. Quality Indicator 16 consists of Measure 16a and Measure 16b. Individuals were scored as follows:

	YES	NO
Measure 16a: ACT screening was completed	19	2
Measure 16b: Individual receives ACT services when appropriate	21	0

Additional Results

- The majority of GNMH staff demonstrated sufficient knowledge regarding ACT criteria, the referral process at GNMH, and how ACT would or would not benefit the individuals based upon the individual's level of functioning, diagnosis, history of hospitalization, and other factors (SII Q10, SII Q12). GNMH staff mentioned two staff who specifically review all ACT referrals.
- Nineteen of 21 individuals had been screened for ACT (CPD Q16, CRR Q58).
- Of the 21 individuals reviewed, there were no individuals who met ACT criteria who were not on ACT (SII Q11, SII Q13). Eight of 21 individuals were reported to meet ACT criteria (SII Q11).

Quality Indicator 17: Implementation of ACT Services

Quality Indicator 17 corresponds to CMHA section V.D.2.b and V.D.2.c. ACT service delivery is adequate when ACT services are provided to the individual at the appropriate intensity, frequency, and duration; use a team approach; occur in the home and/or community; and the individual's ACT team collaborates with community providers. Unlike traditional services, ACT is intended to vary the intensity and frequency of contacts to meet the changing needs of individuals. ACT services may be titrated when an individual needs more or fewer services.

For the purposes of Quality Indicator 17, the QSR looks at ACT service delivery at an individual level rather than looking at each component of the ACT program the way an ACT Fidelity Review does.

Eight individuals were scored for Quality Indicator 17. GNMH received a score of 88%. Quality Indicator 17 consists of Measure 17a, Measure 17b, Measure 17c, and Measure 17d. Of the 21 individuals interviewed, 13 individuals were not receiving ACT services and therefore not applicable for scoring. Individuals were scored as follows:

	YES	NO
Measure 17a: ACT services are delivered at appropriate intensity, frequency, and duration	7	1
Measure 17b: ACT services are provided using a team approach	8	0
Measure 17c: ACT services are provided in the home/community	6	2
Measure 17d: ACT team collaborates with community providers	7	1

Additional Results

Eight individuals were receiving ACT services. Data from the clinical records regarding ACT services was gathered for each individual based on an average of the four complete weeks preceding the QSR review, not including the most recent week:

- Seven individuals had an average minimum of 85 minutes of face-to-face contact with their ACT Team during each of the four complete weeks prior to the QSR; one individual did not (CRR Q63).
- Five individuals had an average of three or more face-to-face contacts with ACT Team staff per week during each of the four complete weeks prior to the QSR; three individuals did not (CRR Q64).
- Five individuals responded they received “all” the ACT services they needed from their ACT Team, three individuals responded that they “somewhat” received all the ACT services they needed from their ACT Team, and no individual responded that he/she did not receive all the services he/she needed from his/her ACT Team (CII Q21).
- Seven individuals responded they saw their ACT staff as often as they felt was needed; one individual responded he/she did not (CII Q25).

- All eight individuals had face-to-face contact with an average of more than one different ACT Team staff during each of the four complete weeks prior to the QSR (CRR Q62).
- All eight individuals had 60% or more of their ACT services provided in the community (CRR Q65).
- Successful ACT teams have several specific positions/specialties, including a psychiatrist or APRN, psychiatric nurse, employment specialist, master's level clinician, substance abuse specialist, a team leader, and a peer specialist. At the time of the QSR review, both GNMH's ACT Teams had greater than 70% of these specific/specialty ACT positions filled (CRR Q66). One ACT team was lacking a substance abuse specialist and both were lacking an employment specialist.
- Staff endorsed that they had collaborated with community providers on behalf of seven of eight individuals (SII Q18). Staff identified collaborating with a variety of providers and community agencies including medical providers, veterans services, peer support agencies, landlords, housing resources, representative payees, and employers.
- Greater Nashua Mental Health underwent an Assertive Community Treatment (ACT) Fidelity review between November 19 and November 21, 2019 for two teams. Out of a possible 140 total score for Team One, Nashua scored 114, which brings them to the Full Implementation category range of a score between 113-140. Nashua Team One ACT improved their score by 26 points in SFY20 compared to the previous year. Quality improvement plans are developed for all items scoring a 3 or less and Nashua Team One has a total of 7 items in this score range. Items that Nashua scored a 5 on included; Small Caseload, Team Approach, Program Meeting, Explicit Admission Criteria, Intake Rate, Responsibility for Hospital Discharge Planning, Time-unlimited Graduation Rate, Community-based Services, No Dropout Policy, Assertive Engagement Mechanisms, Intensity of Services, and Role of Consumers on Team. The items that Nashua Team One scored the lowest on (score of 2) included; Psychiatrist on Team and Co-occurring Disorder Treatment Groups. Currently Nashua ACT Team is developing a QIP for all items scoring three or below.

In regards to Team Two, out of a possible 140 total score, a score of 119 was achieved which brings them to the Full Implementation category range of a score between 113-140. Nashua Team Two improved their score by 29 points in SFY20 compared to the previous year.

Quality improvement plans are developed for all items scoring a 3 or less and Nashua Team Two has a total of 8 items in this score range. Items that Nashua scored a 5 on included; Small Caseload, Team Approach, Program Meeting, Nurse on Team, SAS on Team, Explicit Admission Criteria, Intake Rate, Full Responsibility for Services, Responsibility for Hospital Discharge Planning, Time-unlimited Graduation Rate, Community-based Services, No Dropout Policy, Assertive Engagement Mechanisms, Intensity of Services, Frequency of Contact, and Role of Consumer on Team. The items that Nashua Team Two scored the lowest on (score of 2) included not having a Psychiatrist on the Team. Currently Nashua ACT Team Two is developing a QIP for all items scoring three or below.

TRANSITION/DISCHARGE FROM INPATIENT PSYCHIATRIC SETTINGS

Per the CMHA, VII.C.1, the state will collect information related to both successful and unsuccessful transitions process. Successful transitions are interrelated with other QSR quality indicators regarding housing, CMHC and community supports, crisis services, and employment services. Successful transition from inpatient psychiatric care to outpatient services requires care coordination that supports health, safety, and welfare.

Quality Indicator 18: Successful transition/discharge from an inpatient psychiatric facility

Quality Indicator 18 corresponds to CMHA section VI.A.7. A transition is considered successful when the individual was involved in the discharge planning process, in-reach by the community mental health center occurred, the individual returned to appropriate housing, service provision has the outcome of increased community integration, coordination of care occurred, and the individual was not readmitted to an inpatient psychiatric facility within 90 days.

Four individuals were scored for Quality Indicator 18. GNMH received a score of 82%. Quality Indicator 18 consists of Measures 18a-18g. Of the 21 individuals interviewed, 17 individuals were considered not applicable for Indicator 18 because they did not have an inpatient psychiatric admission during the period under review or an inpatient psychiatric admission during the period under review was not endorsed by the client, the staff, *and* the clinical record. Specifically, four clinical records had documentation of an inpatient psychiatric admission during the period under review (CRR Q67). Four individuals endorsed an inpatient psychiatric admission during the period under review and four staff endorsed an inpatient psychiatric admission during the period under review. When documentation and endorsements were

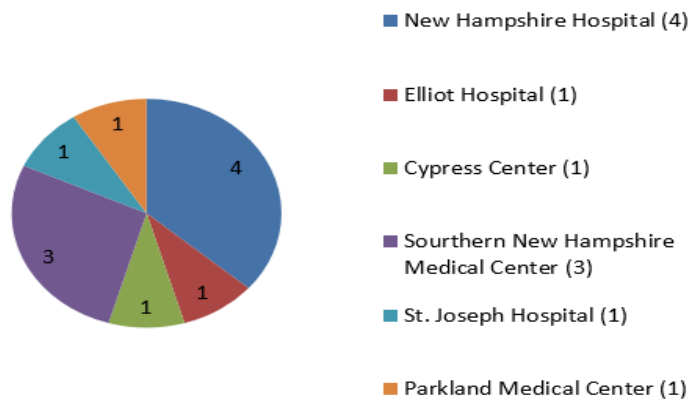
analyzed for the CII, SII, and CRR, all four individuals could be scored. Individuals were scored as follows:

	YES	NO
Measure 18a: Individual was involved in the inpatient psychiatric facility discharge planning process	3	1
Measure 18b: In-reach occurred between the community mental health center and the inpatient psychiatric facility and/or individual	4	0
Measure 18c: Individual returned to appropriate housing following inpatient psychiatric discharge	4	0
Measure 18d: Service provision following inpatient psychiatric discharge has the outcome of increased community integration	3	1
Measure 18e: Coordination of care was adequate during inpatient psychiatric admission/discharge	3	1
Measure 18f: Absence of 90 day readmission to an inpatient psychiatric facility	2	2
Measure 18g (OCR Q11): Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization	4	0

Additional Results

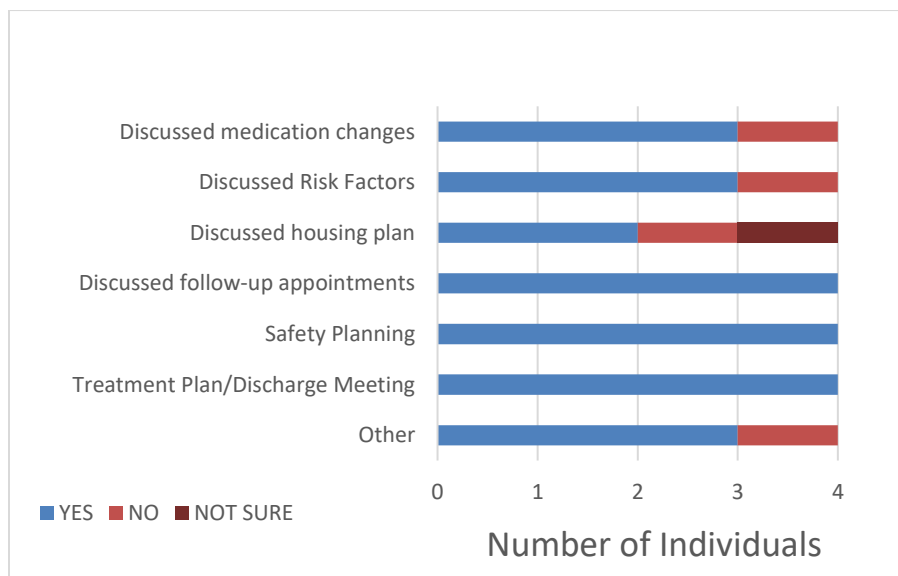
- According to the clinical record, 11 inpatient admissions occurred during the period under review. Of the four individuals who had a psychiatric admission, one individual had seven distinct admissions, one individual had two distinct admissions, and two individuals had one distinct admission (CRR Q68).
- Four admissions were at New Hampshire Hospital (CRR Q69) (see Figure 10).

Figure 10: Inpatient Psychiatric Admissions



- All four individuals who endorsed an inpatient psychiatric admission during the period under review reported being involved in their discharge planning (CII Q85), and evidence of client involvement in discharge planning was found in three of four clinical records (CRR Q76). The individuals that endorsed being involved in their discharge planning identified having participated in the following activities to plan their return home (CII Q85) (see Figure 11).

Figure 11: Individual's Involvement in Discharge Planning



- In-reach and communication between GNMH and the psychiatric facility and/or individual occurred for all four individuals who were scored (CRR Q71, CRR Q72, CII Q89, SII Q74).
- All four individuals returned to housing that was appropriate (CII Q92, SII Q71).

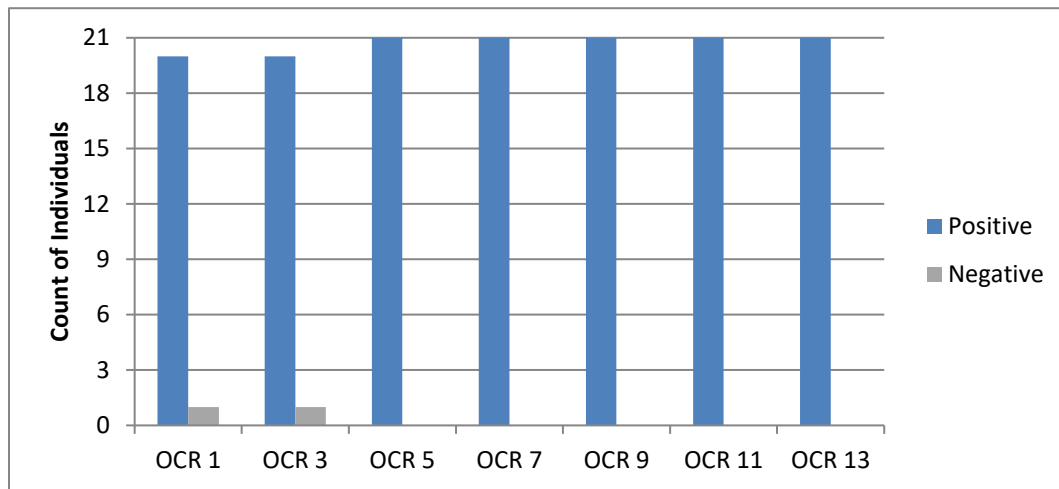
- One of four individuals who endorsed an inpatient psychiatric admission during the period under review recalled talking with a community provider about services in the community prior to discharge (CII Q83).
- None of the individuals who endorsed an inpatient psychiatric admission during the period under review felt that returning home after their discharge significantly disrupted their normal routine (CII Q93 and CII Q95).
- The clinical record contained discharge instructions for all four individuals who had an inpatient psychiatric admission during the period under review (CRR Q70); two of four staff endorsed that individuals had appointments with GNMH scheduled prior to discharge (SII Q73), and according to the clinical record, three of the four individuals attended an appointment with GNMH within seven days of discharge (CRR Q73). The amount of time between discharge and the individual's first appointment with GNMH ranged from one day to 12 days from discharge.
- According to the clinical record, two of the four individuals who had an inpatient psychiatric admission during the period under review had a readmission within 90 days (CRR Q69).
- Overall, all individuals reviewed were observed as receiving services needed to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11).

Overall Client Review

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions (see Appendix 7: Overall Client Review) intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes and, when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview, and/or the staff interview. Additionally, clients are asked about their overall satisfaction with the CMHC and if they have anything additional to add to their interview responses (CII Q113, CII Q114).

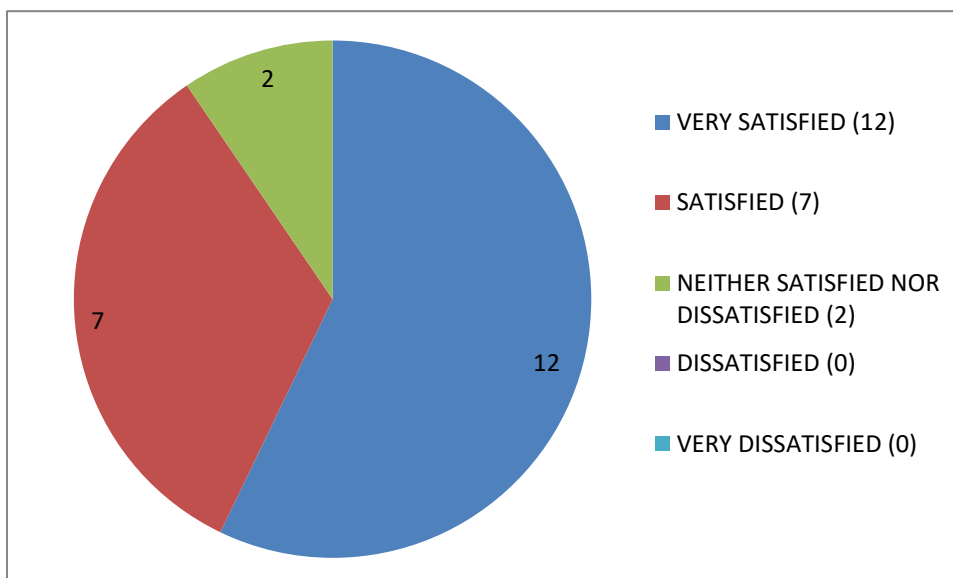
Of the 21 individuals reviewed, one individual did not achieve one or more of the OCR outcomes (see Figure 12).

Figure 12: Overall Client Review Results



The majority of individuals were satisfied with the services they were receiving (CII Q113) (see Figure 13).

Figure 13: Overall Client Satisfaction



Individuals are asked if they have anything else they would like to share regarding their services and experiences with the agency (CII Q114). Responses varied, with some individuals having positive experience to share whereas other individuals spoke about some of the challenges they have experienced with particular staff and services.

“I’m just so very grateful to have the help that I get from here, otherwise, I would have been a lost person without this place. It has meant so much to me.”

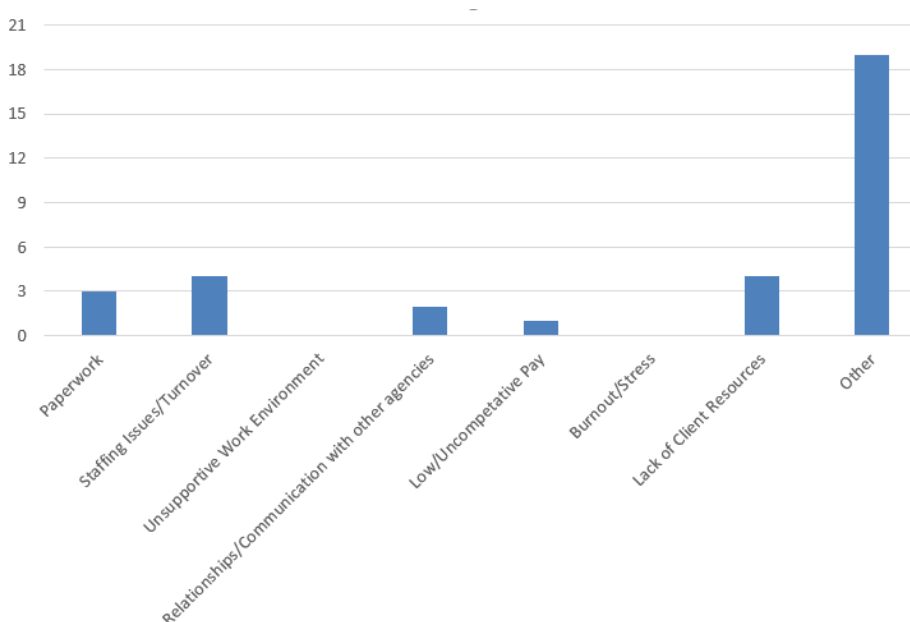
“Over the past year, they cannot seem to keep a psychiatrist or APRN here. I’ve had problems trying to get [prescriptions] in a timely fashion.”

GNMH STAFF FEEDBACK SECTION

Staff are asked several questions regarding the overall challenges and positive aspects of working at the mental health center as well as their thoughts and opinions regarding the mental health delivery system in the State of New Hampshire (SII Q84, SII Q85, SII Q86).

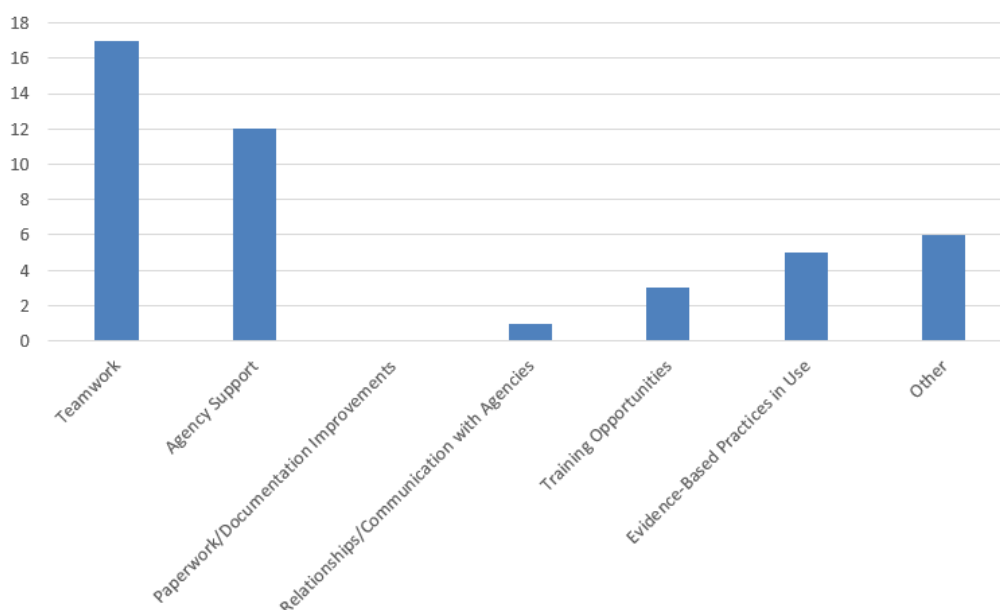
Staff are asked about the barriers, challenges, and gaps they may face at GNMH (SII Q84) (see Figure 14). There were some concerns with staffing and staff/services not being available to individuals. Several staff also mentioned struggles they had related to insurances, including benefits lapsing. Additionally, lack of services/resources related to housing and transportation was also mentioned several times. Lack of updated technology and its impact on accomplishing work in the community was also of concern.

Figure 14: GNMH Barriers, Challenges, Gaps



Regarding what is working well at GNMH and the services provided to individuals, there was an theme of teamwork and having agency support (SII Q85) (see Figure 15). Staff also mentioned that they do a good job linking individuals to resources in the community, and that the staff is dedicated.

Figure 15: “What’s Working Well at GNMH”



When asked more generally about the mental health delivery system in New Hampshire, several staff mentioned the ongoing challenge regarding the wait time for individuals to be admitted for an emergency psychiatric admission and individuals having to wait in emergency departments. The most frequent area of concern mentioned was the lack of available services, specifically the need for more resources for housing and addiction (SII Q86).

VI. CMHA Substantive Provisions

New Hampshire’s CMHCs provide mental health services to individuals through contract with the State. As such, compliance with certain provisions of the CMHA and achievement of identified outcomes is determined through the evaluation of the services provided by the CMHCs. The following conclusions regarding the GNMH’s achievement of the CMHA provisions and outcomes is based on the quantitative and qualitative data collected during the QSR, ACT fidelity reviews, SE fidelity reviews, BMHS contract monitoring info, and information from DHHS databases.

1. Crisis Services Outcomes

- a. **Provision V.C.1(c)** - Stabilize individuals as quickly as practicable and assists them in returning to their pre-crisis level of functioning.
 - i. **Conclusion:** GNMH met this provision as evidenced by Measure 15e where the two individuals (100%) who received a crisis service were assisted with returning to their pre-crisis level of functioning.
- b. **Provision V.C.1.d** - Provide interventions to avoid unnecessary hospitalization, incarceration, and/or DRF, APRTP, emergency room, or nursing home admission.
 - i. **Conclusion:** GNMH met this provision as evidenced by a score of 92% for the Crisis domain and OCR Q11, where all 21 individuals reviewed (100%) were determined to be receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts.

2. ACT Outcomes

- a. **Provision V.D.2 (b)** - ACT services are able to deliver comprehensive, individualized, and flexible services to meet the needs of the individual.
 - i. Compliance with Provision V.D.2 (b) is based on Quality Indicator 3, Quality Indicator 17, and the number of individuals meeting OCR Q1, OCR Q3, and OCR Q5.
 - ii. **Conclusion:** GNMH met this provision as evidenced by the following:
 - 1. For Quality Indicator 3: Adequacy of Individual Service Delivery and those individuals receiving ACT services, GNMH scored 90%.
 - 2. A score of 88% for Quality Indicator 17: Implementation of ACT Services.
 - 3. Seven of eight individuals receiving ACT services received services consistent with the individual's demonstrated need (OCR Q1).
 - 4. Seven of eight individuals receiving ACT services did not have indication of needing additional services that had not already been identified in either the assessment and/or treatment plan (OCR Q3).
 - 5. All eight individuals receiving ACT services received all of the services and supports they needed to ensure their health, safety, and welfare (OCR Q5).
- b. **Provision V.D.2 (c)** - ACT services are customized to an individual's needs and vary over time as needs change, and provide a reasonable opportunity to live independently in the community.

- i. Compliance with Provision V.D.2 (c) is based on Quality Indicator 2: Appropriateness of Treatment Planning, Quality Indicator 5: Appropriateness of Housing Treatment Planning, Quality Indicator 6: Adequacy of Individual Housing Service Delivery, Quality Indicator 7: Effectiveness of Housing Services Provided, Quality Indicator 9: Appropriateness of Employment Treatment Planning, Quality Indicator 10: Adequacy of Individual Employment Service Delivery, Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
 - ii. **Conclusion:** GNMH met this provision as evidenced by the following:
 1. Those receiving ACT services had a total average score of 76% for the Quality Indicators 2, 5, 6, 7, 9, 10, and 12.
 2. All eight individuals receiving ACT services received adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration in the community (OCR Q7).
 3. All eight individuals receiving ACT services received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
 4. All eight individuals receiving ACT services received adequate services to live in the most integrated setting (OCR Q13).
 - c. **Provision V.D.2 (f)** - ACT services de-escalate crises until the crises subside without removing the individuals from their homes and/or community programs.
 - i. **Conclusion:** GNMH met this provision as evidenced by an average score of 86% for the Crisis domain for individuals receiving ACT services.
3. **Supported Housing Outcomes**
- a. **Provision V.E.1** - Supported housing meets individuals' needs.
 - i. **Conclusion:** GNMH met this provision as evidenced by a score of 86% for Quality Indicator 5: Appropriate Housing Treatment Planning and a score of 90% for Quality Indicator 6: Adequate Individual Housing Service Delivery.
 - b. **Provision V.E.1 (a)** - Support services enable individuals to attain and maintain integrated affordable housing, and are flexible and available as needed and desired.

- i. **Conclusion:** GNMH met this provision as evidenced by a score of 90% for the Housing domain and OCR Q9, where all 21 individuals reviewed (100%) received services adequate to obtain and maintain stable housing (OCR Q9).

4. **Supported Employment Outcomes**

- a. **Provision V.F.1 (part 1)** - Provide supported employment services consistent with the Dartmouth evidence-based model.
 - i. **Conclusion:** GNMH met this provision as evidenced by the Supported Employment Fidelity Review in June 2019. Out of a possible total score of 125, GNMH scored an 88, which brings them to the Fair Fidelity category range of a score between 74-99.
- b. **Provision V.F.1 (part 2)** - Provide supported employment services in the amount, duration, and intensity to allow the opportunity for individuals to work the maximum number of hours in integrated community settings consistent with their individual treatment plan.
 - i. **Conclusion:** GNMH met this provision as evidenced by a score of 90% for Quality Indicator 10: Adequacy of Individual Employment Service Delivery.

5. **Family Support Programs Outcome**

- a. **Provision V.G.1** - The State will have an effective family support program to meet the needs of families of individuals throughout the State.
 - i. **Conclusion:** While the Family Support Program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services NAMI NH provides in Region VI.
 - 1. In SFY19, NAMI NH provided a variety of support groups including:
 - NAMI NH Nashua Family Support Group for those with an adult loved one living with mental illness. This group meets twice monthly with an average attendance of 32 individuals per meeting.
 - NAMI Parent Support group for parents/caregivers of children/youth with serious emotional disturbances. This group meets twice monthly with an average attendance of eight.
 - NAMI NH Connection Peer Support Group. This group meets twice monthly with an average meeting attendance of 10.

- Survivor of Suicide Loss Support Group. This group has about seven participants at any given time.
 - Two Facebook Support Groups: one for parents/caregivers of youth with serious emotional disturbance with a total of 504 members, of whom 143 were new members during the reporting period, and one for family members with an adult loved one living with mental illness with a total of 708 members, of whom 209 were new to the group during the reporting period. While it is difficult to ascertain exactly how many members live in each town, NAMI NH is aware that there are members who reside in Region VI.
2. NAMI NH provided one-to-one support to a total of 58 Region VI families in SFY19: 17 families with an adult loved one living with mental illness and 41 families with children with serious emotional disturbance.
 3. NAMI NH responded to 68 Information and Resource contacts in SFY19.

6. Peer Support Programs Outcome

- a. **V.G.2** - The State will have an effective peer support program to help individuals develop skills in managing and coping with symptoms of illness, in self-advocacy, and in identifying and using natural supports. The peer support program will train peers who have personal experience with mental illness and recovery to deliver the peer services and supports.
 - i. **Conclusion:** While the peer support program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services that HEARTS provides in Region VI.
 1. HEARTS is the peer support agency serving the catchment area of the Greater Nashua Mental Health Center with offices located in Nashua.
 2. Peer supports and services include: individual and group peer support, peer advocacy, rights advocacy, outreach, telephone support, Wellness Recovery Action Plan training, monthly newsletters, fundraising, educational events, and assistance with educational and vocational pursuits. In SFY19, HEARTS offered the following groups and educational events:
 - i. Weekend planning
 - ii. WRAP group

- iii. Women's group
 - iv. Men's group
 - v. IPS discussion
 - vi. Healing the trauma of abuse
 - vii. Nutrition
 - viii. Members rights and responsibilities
 - ix. Members wellness discussion
 - x. Creative writing
 - xi. Hearing voices
3. For SFY19, various HEARTS staff were trained in Intentional Peer Support and Wellness Recovery Action Planning
 4. HEARTS had 497 unique members/participants attend during the fiscal year with an average daily attendance of 35.
 5. HEARTS Coop received 419 calls for peer support and made an additional 117 outreach calls.
 6. Six of 21 individuals interviewed stated they had utilized a peer support agency in the past 12 months (CII Q110).

7. Community Integration Outcome

- a. **Provision IV.B and VII.A** - Provide services, programs, activities in the most integrated setting appropriate to meet needs and are sufficient to provide reasonable opportunities to help individuals achieve increased independence and gain greater integration into the community.
 - i. Compliance with Provision IV.B. and VII.A is based on Measure 3b: Service Delivery is flexible to meet individual's changing needs and goals; Measure 7a: Housing Supports and services enable individual to meet/progress towards identified housing goals; Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
 - ii. **Conclusion:** GNMH met this provision as evidenced by:
 1. The average of individuals who scored "Yes" for Measure 3b (17 of 21 individuals received services that were flexible to meet their changing needs and

goals) and Measure 7a (20 of 21 individuals received housing supports and services to enable them to meet/progress toward their identified housing goals) was 88%.

2. For Quality Indicator 12, GNMH scored 77%.
3. All 21 individuals reviewed (100%) received adequate services that provide reasonable opportunities to support the individual to achieve increase independence and integration in the community (OCR Q7).
4. All 21 individuals reviewed (100%) received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
5. All 21 individuals reviewed (100%) received adequate services to live in the most integrated setting (OCR Q13).

8. Health, Safety and Welfare Outcome

- a. **Provision VII.A** - Ensure individuals are provided with the services and supports they need to ensure their health, safety, and welfare. Health, safety, and welfare are implicit through the totality of the Quality Service Review process.
 - i. **Conclusion:** GNMH met this provision as evidenced by an average score of 85% for the seven domains and OCR Q5, with all 21 individuals (100%) receiving all of the services and supports they need to ensure health, safety, and welfare.

9. Obtain and Maintain Stable Housing Outcome

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to help individuals obtain and maintain stable housing.
 - i. **Conclusion:** GNMH met this provision as evidenced by a score of 90% for the Housing domain.

10. Avoid Harms and Decrease the Incidence of Hospital Contacts and Institutionalization Outcome

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to avoid harms and decrease the incidence of hospital contacts and institutionalization.
 - i. Compliance with Provision VII.A is based on the rate of re-hospitalizations (CRR Q69), the Crisis domain, and OCR Q11.

- ii. **Conclusion:** GNMH did not meet this provision as evidenced by two of the four individuals who experienced an inpatient psychiatric admission (50%) were re-hospitalized within 90 days (CRR Q69). All other data points relevant to this provision are as follows:
 - 1. For the Crisis domain, GNMH received a score of 92%.
 - 2. All 21 individuals (100%) received services adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

VII. Areas in Need of Improvement

GNMH scored above the 80% threshold for 15 of the 18 quality indicators. Based on the QSR data, the following three quality indicators scored below the 80% threshold and are identified for incremental improvement over the next year:

- 1. *Increase the percentage of individuals receiving adequate employment assessments/screenings (Quality Indicator 8).*
- 2. *Increase the percentage of individuals receiving appropriate employment treatment planning (Quality Indicator 9).*
- 3. *Increase the assistance provided to assist individual in attaining community integration, choice, increased independence, and adequate social supports (Quality Indicator 12).*

For additional information and data related to these areas in need of improvement, please reference Section V. “GREATER NASHUA MENTAL HEALTH QSR Findings” and the “Additional Results” listed under the respective quality indicator.

VIII. Next Steps

Within 30 calendar days of receipt of this final report, Greater Nashua Mental Health is to complete and submit the DHHS Quality Improvement Plan (QIP) template for review by the BMHS Administrator of Operations and the BQAI Program Planning and Review Specialist.

IX. Addendum

During a 15-day review period, Greater Nashua Mental Health had an opportunity to review the QSR initial report and submit corrections and/or information for DHHS’s consideration prior to

the issuance of this final report. GNMH submitted an emailed response indicating that the Center had no further corrections or additional information applicable to this report.

References

1. SAMHSA, Person- and Family-Centered Care and Peer Support, (2017, January 20)
retrieved from <https://www.samhsa.gov/section-223/care-coordination/person-family-centered>
2. 28 C.F.R., Part 35, Section 130 and Appendix A
3. SAMHSA, “Practice Guidelines: Core Elements in Responding to Mental Health Crises”,
Rockville, Maryland, SAMHSA 2009
4. Temple University Collaborative on Community Inclusion, “Natural Supports”,
<http://tucollaborative.org/wp-content/uploads/2017/04/Natural-Supports-Developing-a-Personal-Support-System.pdf>

Appendices

Appendix 1: List of CMHC QSR Instruments

1. Client Profile-CMHC

A Client Profile is completed by the CMHC prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information regarding demographics, eligibility, inpatient psychiatric admission(s), CMHC crisis services contacts, ACT, SE, legal involvement, accommodation(s) needed, guardian status, and information for reviewers to know that will help make the interview successful.

2. Client Profile-DHHS

The Client Profile-DHHS is developed by a DHHS Data Analyst and is completed prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information on the frequency of services provided to each individual including ACT, SE and crisis services. It also includes admission and discharge dates of inpatient psychiatric admissions at New Hampshire Hospital or any of the other Designated Receiving Facilities (DRF).

3. CMHC Profile

The CMHC Profile is completed by the CMHC prior to the start of the on-site review portion of the QSR. The profile provides overview information that helps the QSR reviewers become familiar with the CMHC. The profile includes descriptive information about the services the CMHC offers to eligible adults and identifies evidence based services, crisis services, available community supports, general practices and staffing information.

4. Clinical Record Review (CRR)

A CRR is completed by the QSR review team, either remotely or during the on-site portion of the QSR, for each individual scheduled to be interviewed. The CRR includes domains on assessment and treatment planning, provision of services and supports, ACT, job related services, housing supports, crisis services, natural supports, and transitions from Glencliff Home or inpatient psychiatric admissions.

5. Client Interview Instrument (CII)

A CII is completed during the on-site portion of the QSR for each individual interviewed. An individual may be accompanied by his/her guardian or someone else that the individual has indicated would be a support. The CII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites individuals to share additional information about their experiences at the CMHC and the services they received.

6. Staff Interview Instrument (SII)

For each individual interviewed, an SII is completed with a staff person selected by the CMHC who is familiar with the individual, his/her treatment plan, the services he/she receives at the CMHC and activities that he/she participates in outside of the CMHC. The SII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. Final questions invite staff to share additional information regarding the CMHC and the services provided to the individual.

7. Overall Client Review (OCR)

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes, and when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview and the staff interview.

Appendix 2: Indicator 1 Scoring Example

Client	SAMPLE		1	1a										1b			1c				1d					
			Adequacy of Assessment	Assessments identify individual's needs and preferences										Assessments identify individual's strengths				Assessment information was gathered through face to face appointment(s)		Assessments and TX plans have adequately identified service needs						
	ACT	IPA	79%	YES	NO	NA	CR R	CRR Q4	CR R	CR R	CRR Q10	SII Q3	YES	NO	NA	CR R	CR R	CII Q4	YES	NO	NA	SII Q2	YES	NO	NA	OCR Q3
Apple	NO ACT	IPA	100%	X		0	YES	YES	YES	0	YES	YES	X		0	YES	0	NO	X		0	YES	X			NO
Blossom	ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO
Cherry	ACT	IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO
Dahlia	NO ACT	IPA	25%		X	0	YES	NO	NO	NO EVID	YES	YES		X	0	NO	0	NO	X		0	YES		X		YES
Echinacea	NO ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO
Flowers	ACT	NO IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO
N=6			475	5	1		6Y/ON	5Y/1N	5Y/1N		6Y/ON	2Y/4N	5	1		5Y/1N	4Y/2N	4	2		4Y/2N	5	1	1 YES=		
			NonACT= 75%																						5 No=	
			ACT= 83%																							

Appendix 3: CMHC QSR Abbreviated Master Instrument

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY	
1	Adequacy of assessment (CMHA VII.D.1)
1a	Assessments identify individual's needs and preferences.
1b	Assessments identify individual's strengths.
1c	Assessment information was gathered through face to face appointment(s) with the individual
1d	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
2	Appropriateness of treatment planning (CMHA VII.D.1; V.D.2.f)
2a	Treatment planning is appropriately customized to meet the individual's needs and goals
2b	Treatment planning is person-centered and strengths based
2c	OCR Q3 Assessments and treatment plans have adequately identified service needs
3	Adequacy of Individual service delivery (CMHA VII.D.1; V.D.2.b; V.D.2.c)
3a	Services are delivered with appropriate intensity, frequency, and duration
3b	Service delivery is flexible to meet individual's changing needs and goals
3c	Services are delivered in accordance with the service provision(s) on the treatment plan
3d	OCR Q1 Frequency and intensity of services are consistent with the individual's demonstrated need
3e	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
3f	OCR Q5 Services and supports ensure health, safety, and welfare
HOUSING SERVICES AND SUPPORTS	
4	Adequacy of housing assessment (CMHA VII.D.1)
4a	Individual needs are adequately identified
5	Appropriateness of housing treatment planning (CMHA V.E.1.a)
5a	Treatment Plans are appropriately customized to meet the individual's housing needs and goals
6	Adequacy of individual housing service delivery (CMHA IV.B; V.E.1.a; VII.D.1,4)
6a	Housing support services are provided with appropriately intensity, frequency, and duration to meet individual's changing needs and goals
6b	Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual
6c	OCR Q9 Services are adequate to obtain an maintain stable housing

- | | |
|----|---|
| 7 | Effectiveness of the housing services provided (CMHA VII.A) |
| 7a | Housing Supports and services enable individual to meet/progress towards identified housing goals |
| 7b | Housing supports and services enable individual to maintain safe housing |
| 7c | Housing supports and services enable individual to maintain stable housing |
| 7d | Housing supports and services enable individual to be involved in selecting their housing |
| 7e | OCR Q9 Services are adequate to obtain and maintain stable housing |

EMPLOYMENT SERVICES AND SUPPORTS

- | | |
|-----|--|
| 8 | Adequacy of employment assessment/screening (CMHA VII.D.1) |
| 8a | Individual needs are adequately identified |
| 8b | Individuals received a comprehensive assessment of employment needs and preferences when applicable. |
| 9 | Appropriateness of employment treatment planning (CMHA V.F.1) |
| 9a | Treatment plans are appropriately customized to meet the individual's changing needs and goals |
| 10 | Adequacy of individual employment service delivery (CMHA IV.B; V.F.1; VII.B.1, 4; VII.D.4) |
| 10a | Service delivery is provided with the intensity, frequency, and duration needed to meet the individual's changing needs employment needs |
| 10b | Employment Services and supports are meeting individual's goals |

COMMUNITY INTEGRATION, CHOICE, AND SOCIAL SUPPORTS

- | | |
|-----|---|
| 11 | Adequacy of Assessment of social and community integration needs (CMHA VII.D.1) |
| 11a | Assessment identifies individuals' related needs and preferences |
| 11b | Assessment identifies individuals' related strengths |
| 12 | Individual is integrated into his/her community, has choice, increased independence, and adequate social supports (CMHA IV.B,C; VII.A; VII.D.4) |
| 12a | Individual is competitively employed |
| 12b | Individual lives in an independent residence |
| 12c | Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility |
| 12d | Individual is integrated in his/her community |
| 12e | Individual has choice in housing |
| 12f | Individual has choice in their treatment planning, goals and services |
| 12g | Individual has the ability to manage his/her own schedule/time |
| 12h | Individual spends time with peers and/or family |

12i	Individual feels supported by those around him/her
12j	Efforts have been made to strengthen social supports if needed
12k	OCR Q7 Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration in to the community
12l	OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization
12m	OCR Q13 Services are adequate to live in the most integrated setting
CRISIS SERVICES AND SUPPORTS	
13	Adequacy of crisis assessment (CMHA V.C.1)
13a	Assessment was timely
13b	Risk was assessed
13c	Protective factors were assessed
13d	Coping skills/interventions were identified
14	Appropriateness of crisis plans (CMHA VII.D.1)
14a	Individual has a crisis plan that is person centered
14b	Individual has a knowledge and understanding of how to navigate and cope during a crisis situation
15	Comprehensive and effective crisis service delivery (CMHA V.D.2.f; V.C.1)
15a	Communication with treatment providers was adequate
15b	Communication with individual was adequate
15c	Crisis service delivery is sufficient to stabilize individual as quickly as practicable
15d	Crisis interventions occur at site of the crisis (if applicable)
15e	Individual is assisted to return to his/her pre-crisis level of functioning
ACT SERVICES AND SUPPORTS	
16	Adequacy of ACT screening (CMHA VII.D.1)
16a	ACT screening was completed
16b	Individual receives ACT services when appropriate
17	Implementation of ACT Services (CMHA V.D.2.b; V.D.2.c)
17a	ACT services are delivered at appropriate intensity, frequency, and duration
17b	ACT services are provided using a team approach
17c	ACT services are routinely provided in the home/community
17d	ACT team collaborates with community providers
IPA TRANSITION/DISCHARGE	

- | | |
|-----|--|
| 18 | Successful transition/discharge from inpatient psychiatric facility (CMHA VI. A.7) |
| 18a | Individual was involved in the discharge planning process |
| 18b | There was In-reach by the community mental health center |
| 18c | Individual returned to appropriate housing |
| 18d | Service provision has the outcome of increased community integration |
| 18e | Coordination of care |
| 18f | Absence of 90 day readmission to an inpatient psychiatric facility |
| 18g | OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization |

Appendix 4: Agency Overview

Greater Nashua Mental Health (GNMH), founded in 1920, is a community-based mental health provider serving the needs of children, adolescents, adults and their families. GNMH is designated a Community Mental Health Program (CMHP) for Region VI, encompassing 10 cities and towns in Hillsborough County, and approved from September 1, 2017 through August 31, 2022, per the State of New Hampshire Administrative Rule He-M 403.

GNMH has two offices in the Nashua area that serve adults with Severe Mental Illness (SMI) or Severe and Persistent Mental Illness (SPMI). GNMH provides a range of services including intake, psychiatric, diagnostic, medication, and crisis/emergency assessments; individual, group, and family psychotherapy; and targeted case management. GNMH offers Evidenced Based Practices (EBPs) and Best Practices such as Assertive Community Treatment (ACT), Supported Employment (SE), Illness Management and Recovery (IMR), Dialectical Behavior Therapy (DBT), and Integrated Dual Disorders Treatment (IDDT). GNMH's "In-SHAPE" health mentoring and development program designed to improve physical health and quality of life, reduce the risk of preventable diseases, and enhance the life expectancy of individuals with serious mental illness. "ProHealth NH" is a SAMHSA grant project implemented in coordination with Lamprey Health Care, a Federally Qualified Health Center (FQHC), to integrate CMHP and FQHC services for people ages 16 to 35 with severe emotional disturbance and or severe mental illness to improve health outcomes and prevent future health problems. GNMH's "InteGreat" program is a collaborative aimed at optimal health outcomes, improved care and service access by integrating primary care, mental health and substance use services, allowing people a choice in health care settings.

GNMH has "Open Access" a same day intake/admission program and "Just in Time" medication services to ensure timely responses to requests for critical services. Critical Time Intervention (CTI) is a time-limited support for vulnerable individuals during periods of transition.

GNMH housing services include: The Supportive Housing Program, a partnership with the Nashua Soup Kitchen and Shelter, helping chronically homeless individuals to enhance skills and income to achieve stable housing; a Place to Live supporting homelessness prevention and rapid rehousing goals; and Projects for Assistance in Transition from Homelessness (PATH), providing outreach services to people with SMI/SPMI and a co-occurring substance use disorder

who are either at risk of or homeless. GNMH also administers the NH DHHS funded Housing Bridge Subsidy Program in the Nashua area. The GNMH Bridge Subsidy program has two full time positions, provides supportive housing services and rental subsidies to 90 individuals with SMI/SPMI in order to reduce risk for institutionalization by increasing affordable housing options and “bridges” the person until a section 8 Housing Choice Voucher is obtained.

GNMH provides services to two court diversion programs: Mental Health Court “Community Connections;” and Southern Hillsborough County Drug Court. GNMH is the only state-wide dedicated mental health service program for deaf or hard of hearing NH citizens.

GNMH contracts with HEARTS Peer Support Center of Greater Nashua to provide Peer Support staff on the ACT and IDDT teams. GNMH has agreements and policies to ensure care coordination and critical information exchange with Harbor Homes’, the provider of a Mobile Crisis Response Team and crisis apartments in the region.

GNMH has collaborative relationships with the two hospitals in the Nashua area: St Joseph’s Hospital has 18 voluntary beds and Southern NH Hospital has 30 voluntary beds. Both hospitals use their own emergency assessment services and GNMH’s staff conducts daily outreach calls to the hospital to obtain clinical updates, offer clinical support, and obtain discharge information for established GNMH clients. The hospitals’ Emergency Department (ED) staff utilize the GNMH crisis line to obtain the necessary clinical information required to care plan for GNMH clients who present in crisis. The ED staff also utilize the GNMH crisis line to coordinate care including establishing follow-up referrals for new clients. There are no Designated Receiving Facility (DRF) beds in the region.

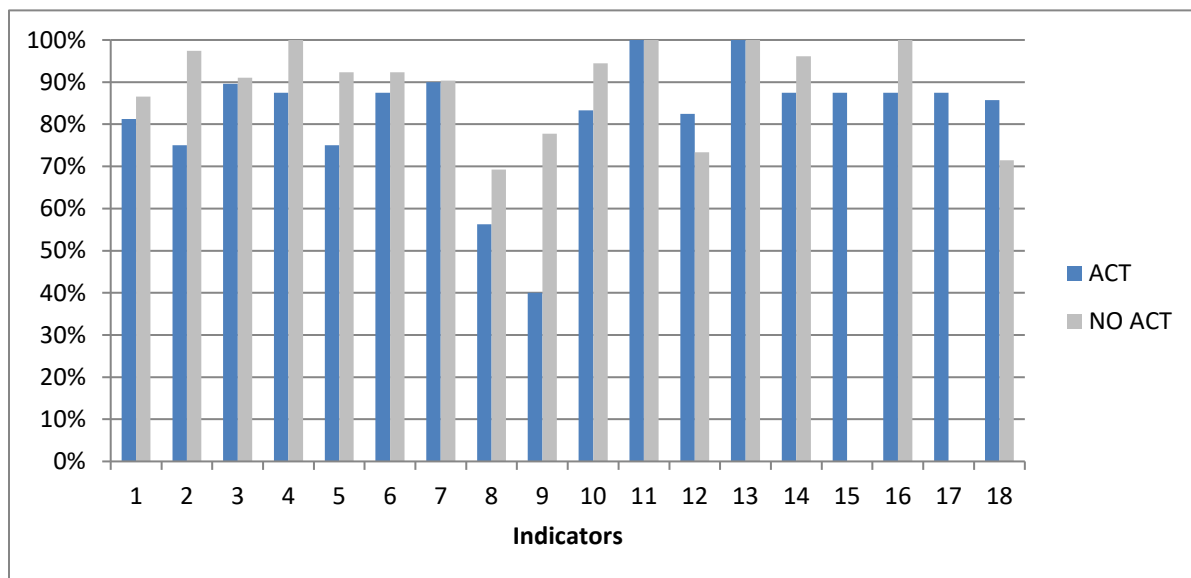
Appendix 5: Year-to-Year Comparison

Indicator	SFY 18	SFY 19	SFY 20	3-Year Overall Change
1. Adequacy of Assessment	93%	96%	85%	-9%
2. Appropriateness of treatment planning	72%	90%	89%	17%
3. Adequacy of individual service delivery	79%	83%	90%	12%
4. Adequacy of Housing Assessment	100%	100%	95%	-5%
5. Appropriate of Housing Treatment Plan	94%	80%	86%	-9%
6. Adequacy of individual housing service delivery	82%	92%	90%	8%
7. Effectiveness of Housing supports provided	72%	79%	90%	18%
8. Adequacy of employment assessment/screening	31%	58%	64%	34%
9. Appropriateness of employment treatment planning	62%	75%	64%	3%
10. Adequacy of individual employment service delivery	57%	85%	90%	33%
11. Adequacy of Assessment of social and community integration needs	100%	100%	100%	0%
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	75%	76%	77%	2%
13. Adequacy of Crisis Assessment	36%	88%	100%	64%
14. Appropriateness of crisis plans	81%	98%	93%	12%
15. Comprehensive and effective crisis service delivery	75%	63%	88%	13%
16. Adequacy of ACT Screening	78%	100%	95%	17%
17. Implementation of ACT Services	56%	75%	88%	31%
18. Successful transition/discharge from the inpatient psychiatric facility	85%	71%	82%	-2%
AVERAGE:	74%	84%	87%	13%

Shaded cells indicate areas that required a QIP in the corresponding year

Appendix 6: ACT vs Non-ACT Indicator Scores

Indicator #	Total N		ACT	ACT N	NO ACT	NO ACT N	Difference:
1	21	Adequacy of Assessment	81%	8	87%	13	-5%
2	21	Appropriateness of treatment planning	75%	8	97%	13	-22%
3	21	Adequacy of individual service delivery	90%	8	91%	13	-1%
4	21	Adequacy of Housing Assessment	88%	8	100%	13	-13%
5	21	Appropriateness of Housing Treatment Plan	75%	8	92%	13	-17%
6	21	Adequacy of individual housing service delivery	88%	8	92%	13	-5%
7	21	Effectiveness of Housing supports provided	90%	8	90%	13	0%
8	21	Adequacy of employment assessment/screening	56%	8	69%	13	-13%
9	14	Appropriateness of employment treatment planning	40%	5	78%	9	-38%
10	15	Adequacy of individual employment service delivery	83%	6	94%	9	-11%
11	21	Adequacy of Assessment of social and community integration needs	100%	8	100%	13	0%
12	21	Adequacy of Integration within the Community, Choice, Independence, and Social Supports	82%	8	73%	13	9%
13	4	Adequacy of Crisis Assessment	100%	2	100%	2	0%
14	21	Appropriateness of crisis plans	88%	8	96%	13	-9%
15	2	Comprehensive and effective crisis service delivery	88%	2	N/A	0	N/A
16	21	Adequacy of ACT Screening	88%	8	100%	13	-13%
17	8	Implementation of ACT Services	88%	8	N/A	0	N/A
18	4	Successful transition/discharge from the inpatient psychiatric facility	86%	3	71%	1	14%



Appendix 7: Overall Client Review (OCR)

OVERALL CLIENT REVIEW (OCR)

The following 14 questions and responses are intended to capture an overall evaluation of whether the services received by the individual adequately allow him/her to meet the overall outcomes set forth in the CMHA. The intention is also to provide suggestions and feedback on what additional services or resources would help the individual to meet those outcomes.

Take into consideration all information gathered from interviews and the record review when completing the Overall Client Review.

OCR Q1	Is the frequency and intensity of services consistent with the individual's demonstrated need? Yes or No. <input type="text"/> If YES, Skip to OCR Q3
OCR Q2	What is not consistent with the individual's demonstrated need? Please provide justification for your response. <input type="text"/>
OCR Q3	Does the individual receive all the services he/she needs, and if not, have the needs at least been identified in either assessments or addressed in case management and/or treatment plans? Yes or No? <input type="text"/> If YES, Skip to OCR Q5
OCR Q4	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q5	Is the individual receiving all of the services and supports he/she needs to ensure health, safety, and welfare? Yes or No. <input type="text"/> If YES, Skip to OCR Q7
OCR Q6	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q7	Is the individual receiving adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration into the community? Yes or No. <input type="text"/> If YES, Skip to OCR Q9
OCR Q8	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q9	Is the individual receiving adequate services to obtain and maintain stable housing? Yes or No. <input type="text"/> If YES, Skip to OCR Q11
OCR Q10	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q11	Is the individual receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization? Yes or No. <input type="text"/> If YES, Skip to OCR Q13
OCR Q12	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q13	Is the individual receiving adequate services to live in the most integrated setting? Yes or No. <input type="text"/> If YES, Skip to OCR Completion Tracking Chart
OCR Q14	What additional services are needed? Please provide justification for your response. <input type="text"/>